MAXIMUS Federal Services

| Case Number: | CM13-0024952 | | |
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| Date Assigned: | 07/25/2014 | Date of Injury: | 04/23/2007 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 08/29/2013 |
| Priority: | Standard | Application Received: | 09/16/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome, depression, neck pain, low back pain, insomnia, myofascial pain syndrome, and erectile dysfunction reportedly associated with an industrial injury of April 23, 2007.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; sleep aids; earlier lumbar spine surgery; and opioid therapy.In a Utilization Review Report dated August 28, 2013, the claims administrator approved a request for Clonidine, partially certified request for cholesterol, partially certified request for Lyrica, partially certified request for Remeron, and partially certified request for Lunesta. The claims administrator employed non-MTUS ODG Guidelines to partially certify Remeron and Lunesta. The claims administrator apparently partially certified the medications on the grounds that continued usage would be predicated on evidence of ongoing medication efficacy.The applicant's attorney subsequently appealed.In an August 20, 2013 progress note, the applicant reported persistent complaints of mid back pain, low back pain, neck pain, upper back pain, sleep disturbance, knee pain, reflux, nausea, insomnia, depression, and sexual dysfunction. The applicant exhibited a mildly depressed mood. The applicant was concurrently seeing a psychologist. The applicant was using a cane to move about, it was stated. The applicant was described as unable to return to his usual and customary work. It was stated that the applicant was precluded from any gainful employment. Aquatic therapy, Percocet, clonidine, Flexeril, Lyrica, Cialis, Remeron, and Lunesta were sought. It was suggested that the medications in question represented renewal request, although this was not clearly established.On August 6, 2013, the applicant was described as using Kadian, Percocet, Clonidine, Flexeril, Lyrica, Cialis, Remeron, and Lunesta. It was again stated that the applicant was precluded from any gainful employment. Lunesta is apparently being employed for sleep.

There was not mention of whether not these medications were effected. It was stated that clonidine was being employed for weaning purposes while the applicant was attempting to taper himself off of Kadian.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lunesta 3mg, 1 a hs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia treatment, http://www.drugs.com/pro/lunesta.html.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations and also take into account other medications into his choice of medications and/or dosages. In this case, however, it has not been clearly stated whether or not Lunesta has been effective in ameliorating the applicant's ongoing complaints of sleep. It has not been established how (or if) Lunesta has been effectual here. It is further noted that the attending provider has not clearly outlined why the applicant needs to use Lunesta, a sedative medication, in conjunction with Remeron, a sedating antidepressant. Again, no discussion of medication efficacy was raised on any of the cited progress notes. Therefore, the request is not medically necessary.