

Case Number:	CM13-0025720		
Date Assigned:	03/03/2014	Date of Injury:	04/21/2005
Decision Date:	07/14/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/20/2013

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 Orthopaedic Surgery 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 injured worker is a 36 year-old male who was reportedly injured on April 21, 2005. The mechanism of injury is noted as a fall off a ladder which severely fractured his right lower leg developing reflex sympathetic dystrophy. The most recent progress note dated February 10, 2014, indicates that there are ongoing complaints of more pain in his right foot. Quality of sleep is fair. His activity level remains the same. The physical examination demonstrated an antalgic gait, tenderness over the greater trochanter on the right hip, motor testing is limited secondary to pain, sensory exam reveals significant allodynia on the right dorsum of the foot.* Diagnostic imaging studies objectified. Previous treatment includes multiple surgeries, functional restorative program, oral meds. A request had been made for Lunesta 3 mg between August 5, 2013 and October 19, 2013 and was not certified in the pre-authorization process on August 20, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 3MG #30 BETWEEN 8/5/2013 AND 10/19/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Reference:ODG - TWC / ODG Integrated Treatment/Disability Duration Guidelines;.

Decision rationale: The Chronic Pain treatment guidelines do not address the use of Lunesta; therefore, alternative guidelines were referred. Guidelines state this medication is to be used for short term use due to tolerance and dependence and adverse side effects. When considering the date of injury, current treatment, and comorbidities the above request is not medically necessary.