

Case Number:	CM13-0031304		
Date Assigned:	12/13/2013	Date of Injury:	01/01/2002
Decision Date:	03/05/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 62-year-old injured worker who reported an injury on 01/01/2002. The mechanism of injury was stated to be a cumulative trauma. The patient's medications were noted to include Viibryd, Celebrex, morphine ER, Zantac, Lunesta 3 mg, Cymbalta, Cyclobenzaprine, and Centra PM, as well Norco. The patient's diagnoses were noted to include cervical spondylosis, causalgia of upper limb, and cervical radiculopathy. The request was made for retrospective review for Lunesta 3 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Review for Lunesta 3mg #30, 8/29/13: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines indicate that Lunesta has demonstrated reduced latency and sleep maintenance. It is the only benzodiazepine receptor agonist FDA approved for use longer than 35 days. The patient was noted to be concurrently taking Lunesta

and "Centra." There was a lack of documentation indicating the patient had objective functional benefit from Lunesta to support efficacy. The request for Retrospective Review for the date of service 8/29/13 for Lunesta 3mg #30 is not medically necessary and appropriate.