

Case Number:	CM13-0035142		
Date Assigned:	04/25/2014	Date of Injury:	09/24/2010
Decision Date:	07/04/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/16/2013

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 Internal 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 patient is a 57-year-old female who was injured on 03/28/2010. The mechanism of injury is unknown. The prior treatment history has included the following medications: 1. Anaprox DS; 2. Prilosec; 3. Tizanidine; 4. tramadol; 5. Ativan; 6. Ultracet. The progress note dated 12/27/2012 documented the patient with complaints of ongoing right upper extremity pain as well as cervical spine pain that is exacerbated by activities of daily living. Objective findings on examination of the cervical spine reveal tenderness and limited range of motion. Tendon reflexes of the elbows are normal. The right elbow has persistent pain and tenderness over the lateral epicondyle. There is full range of motion. There is positive Tinel's in the ulnar groove and positive elbow flexion test. The right shoulder has a range of motion that produces pain. Bilateral wrists and hands present with positive Phalen's test and positive Tinel's sign. The utilization review (UR) dated 09/10/2013 denied the request for Lunesta 1 mg, because it was not documented in the clinical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 1MG #60: 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 (updated 06/07/13), Insomnia treatment.

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

Decision rationale: The Official Disability Guidelines recommends Lunesta for insomnia after specific components of insomnia have been addressed, including time to sleep onset, sleep maintenance, sleep quality, and next-day functioning. The medical records do not provide an adequate discussion of the patient's insomnia including severity of insomnia, an impact on the quality of life. There was insufficient discussion of the previous measures tried for insomnia and if the patient has been using Lunesta with success. Based on the Guidelines and criteria, as well as the lack of clinical documentation as stated above, the request is not medically necessary at this time.