

<b>Case Number:</b>	CM13-0036202		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/26/2010
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

This is a 46 year old [REDACTED] female who struck her head and suffers from post concussion syndrome. The patient has been on Lunesta for more than two years. Other medications include Topomax and Wellbutrin. In addition the patient is diagnosed with Pain Disorder secondary to general psychological/medical condition. The patient was examined by a psychiatrist on 4/28 of last year. An MMPI showed an invalid profile but a BDI indicated an elevated score of 35. The psychiatrist diagnosed cognitive disorder NOS and placed her GAF score at 65. The provider is requesting a behavioral medicine consultation and continued coverage for Lunesta for sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient one behavioral Medicine Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation (ACOEM), chapter 7 page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part 2 Page(s): 23.

**Decision rationale:** Review of the data indicates that the patient had made minimal if any progress in the course of treatment according to the psychiatric evaluation. Chronic Pain Medical Management Guidelines indicate an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. It appears that this patient has been in ongoing treatment for a longer time period and there is no evidence of improvement. As such the request for consultation is not consistent with the above cited guideline.

**Lunesta 3 mg number fifty:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, 2013 web-based edition, [www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

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

**Decision rationale:** Per the above, Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. The guidelines do not give specific recommendations on how long insomnia should be treated. As such use of this medication appears to be evidence based according to the ODG guidelines and should be approved.