

Case Number:	CM13-0036218		
Date Assigned:	12/13/2013	Date of Injury:	07/30/2003
Decision Date:	02/21/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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.

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 46-year-old male who reported an injury on 07/30/2003 when he fell from a two story roof while attempting to nail a header, and a frame element in place. The patient was initially paralyzed to both upper and lower extremities, with a closed head trauma and fracture of the C6 and C7 cervical vertebra. The patient underwent a C5 through T2 posterior fusion with iliac crest graft and wire on 08/13/2003, and had an L2-3 selective epidural block an unknown date and reportedly had side effects from the injection. The patient was most recently seen on 12/09/2013 for reports of persistent neck pain associated with headaches, and neck pain radiating into the right upper extremity and his right hand and right wrist. The patient has been diagnosed with anterior spinal artery compression syndrome, low back pain, neck pain, quadriplegia due a C5 and C7 incomplete, and chronic pain. The patient is taking multiple oral medications to help alleviate his pain and discomfort as well as use for a sleep aid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta, 2 mg tablet, one per day at bedtime for weaning purposes, 16 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Section

Decision rationale: According to the Official Disability Guidelines, Lunesta has demonstrated reduced sleep latency and sleep maintenance. This is the only benzodiazepines receptor agonist FDA approved for use longer than 35 days. The medication has side effects such as dry mouth, unpleasant taste, drowsiness, and dizziness. Sleep related activities such as driving, eating, cooking, and phone calling have occurred, and with abrupt discontinuation withdrawal may occur. Official Disability Guidelines further states that recommended treatment using pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. In the case of this patient, he has been utilizing this medication since at least 11/2012. A note included in the documentation reports he continues to have insomnia despite using the medication. Therefore, the medical necessity for the continuation of its use cannot be established. The request for Lunesta, 2 mg tablet, one per day at bedtime for weaning purposes, 16 count, is not medically necessary or appropriate.