

Case Number:	CM13-0038338		
Date Assigned:	12/18/2013	Date of Injury:	12/05/2007
Decision Date:	03/05/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/25/2013

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 Neurology, has a subspecialty in Neuromuscular 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 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 50-year-old man who sustained a work-related injury on December 5, 2007. Subsequently he was diagnosed with chronic back pain. According to the note of October 8, 2013, the patient was complaining of low back pain, lower extremity pain, left neck pain and upper extremity numbness. His pain improved with Fentanyl patch. Physical examination demonstrated tenderness over the lumbar spine with limited range of motion. There is positive straight leg raising test. The patient was treated with pain medications. The patient was diagnosed with a chronic pain syndrome; post lumbar surgery syndrome lumbar ago cervical radiculitis, organic disorders of initiating and maintaining sleep and the status post back surgery. The provider requested authorization to use the Lunesta for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30 x 2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Section Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

Decision rationale: According to MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. Lunesta could be used as an option to treat insomnia; however it should not be used for a long-term without periodic evaluation of its need. The provider has to further characterize the patient insomnia (primary versus secondary) and its relation to the primary patient pain syndrome. The provider did not document the use of non pharmacologic treatment for the patient sleep issue. Therefore, (1) prescription of Lunesta 3mg #30 x 2months is not medically necessary