

Case Number:	CM13-0057922		
Date Assigned:	12/30/2013	Date of Injury:	01/31/2008
Decision Date:	05/15/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 59-year-old male who reported an injury on 01/31/2008. The mechanism of injury was not provided in the medical records. The injured worker reported right shoulder pain and low back pain that was worse with bending, twisting, and lifting. The injured worker was noted to be using pain medication only sparingly but the use of Lunesta at night was needed to help sleep due to shoulder pain. The injured worker was diagnosed with pain in joint, shoulder region. Past medical treatment included oral medications. Diagnostic studies were not included in the medical records. The Request for Authorization was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 3 MG #15: 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

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 treatment.

Decision rationale: The Official Disability Guidelines state 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed; such as sleep onset, sleep maintenance, sleep quality, and next-day functioning. The documentation submitted for review indicated the injured worker was using pain medication only sparingly, but was requiring Lunesta at night to help with sleep due to left shoulder pain. The documentation also indicated Lunesta allowed the injured worker to function while maintaining adequate sleep at night. The guidelines state failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness and it appeared the injured worker has been taking the requested medication longer than 10 days. Therefore, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Therefore, the request for Lunesta 3 mg #15 is non-certified.