

Case Number:	CM13-0060185		
Date Assigned:	12/30/2013	Date of Injury:	10/08/2007
Decision Date:	04/10/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/03/2013

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, has a subspecialty in Pulmonary Diseases 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 39-year-old male who reported an injury on 10/08/2007. The mechanism of injury was not specifically stated. The patient is diagnosed with lumbar radiculopathy, low back pain, chronic pain syndrome, and lumbar disc disorder. The patient was seen by [REDACTED] on 09/30/2013. The patient reported persistent pain over multiple areas of the body. The patient also reported poor sleep quality. Physical examination was not provided on that date. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LUNESTA 3MG, 1 BY MOUTH AT BEDTIME #30: 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), Treatment Index, 11th Edition (web), 2013, Pain Chapter, 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) Chronic Pain Chapter, Insomnia Treatment

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. As

per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report poor sleep quality. Satisfactory response to treatment has not been indicated. Additionally, there is no evidence of a failure to respond to nonpharmacologic treatment. Based on the clinical information received, the request is noncertified.

1 PRESCRIPTION OF NORCO 10/325, 1 TO 2 BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED, MAXIMUM OF 7/DAY, #240 X 6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report 8/10 pain with poor sleep quality. Satisfactory response to treatment has not been indicated. Additionally, the request for a prescription opioid for 6 months' duration cannot be determined as medically appropriate. Based on the clinical information received and the California MTUS Guidelines, the request is noncertified.