

Case Number:	CM13-0060223		
Date Assigned:	12/30/2013	Date of Injury:	10/01/2004
Decision Date:	04/10/2014	UR Denial Date:	11/19/2013
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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, depression, and anxiety reportedly associated with an industrial injury of October 1, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; antidepressants; a TENS unit; muscle relaxants; unspecified amounts of acupuncture; and sleep aids. In a December 13, 2013 progress note, the applicant is described as having ongoing issues with pain, 7/10. The applicant is appropriately alert and oriented. The applicant is given diagnosis of neck pain, low back pain, radiculitis, occipital neuralgia, and poor coping skills. Cymbalta, Lexapro, Topamax, tramadol, Prilosec, tizanidine, and acupuncture are seemingly endorsed. A mental health progress note of June 14, 2013 is notable for comments that the applicant is grieving over her son's demise. The applicant is on Cymbalta and Lexapro on a scheduled basis and is using Lunesta on an as-needed basis. The applicant is described as having ongoing issues with depression and anxiety. The psychotropic medication usage is reportedly ameliorating the applicant's mood, it is suggested. The applicant is given an overall global assessment functioning (GAF) of 58.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The applicant is a represented Chevy's

Restaurant employee who has filed a claim for chronic pain syndrome, depression, and anxiety reportedly associated with an industrial injury of October 1, 2004. Thus far, the applicant has been treated with the following: An

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG CHRONIC PAIN CHAPTER, INSOMNIA TREATMENT TOPIC

Decision rationale: As noted in the ODG Chronic Pain Chapter, Insomnia Treatment topic, Lunesta is the only benzodiazepine receptor agonist which is FDA approved for "use longer than 35 days." Lunesta is described as having favorable outcomes in terms of insomnia relief compared to control groups after a six-month comparison. In this case, the applicant does have ongoing issues with depression, anxiety, and insomnia, apparently amplified as a result of her son's recent demise. Ongoing usage of Lunesta, a sleep aid, is therefore indicated, appropriate, and supported by ODG. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.