

Case Number:	CM13-0061965		
Date Assigned:	12/30/2013	Date of Injury:	12/29/1999
Decision Date:	03/21/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/05/2013

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 Geriatrics and is licensed to practice in New York. 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 an injured worker with a date of injury of 12/29/99. The patient has been having neck pain and headaches and is not sleeping well. She complained of low back pain and right lower leg pain rated as 8/10 without medications and 5/10 with medications. Significant physical exam findings include a mildly positive straight leg raise on the right, 5/5 strength in her lower extremities, normal gait and reflexes. Diagnoses included chronic low back pain, lumbar degenerative disc disease, lumbar radiculopathy and chronic pain syndrome. Her physician felt that her not sleeping well was contributing to her overall sensation of not feeling well. The treating physician prescribed Lunesta at bedtime on an as needed basis in addition to Gabapentin, Tizanidine and Promolaxin. At issue in this review is the prescription for Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Lunesta 2mg, #30 with one refill: 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 Uptodate: drug information: lunesta and treatment of insomnia.

Decision rationale: Lunesta is used in the treatment of insomnia (with difficulty of sleep onset and/or sleep maintenance) and has the longest half-life of the approved non-benzodiazepines, approximately five to seven hours. Reported side effects include somnolence, headache, dizziness, and unpleasant dreams. In this case, there was no documentation of a discussion of side effects of Lunesta, including headache, which the patient is already complaining of. Additionally, the medical records do not support the medical necessity of Lunesta. The request for one prescription of Lunesta 2mg, #30 with one refill is not medically necessary and appropriate.