

Case Number:	CM13-0063403		
Date Assigned:	12/30/2013	Date of Injury:	04/01/2005
Decision Date:	08/28/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/10/2013

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 insomnia reportedly associated with an industrial injury of April 1, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; multiple lumbar fusion spine surgeries; subsequent spinal cord stimulator implantation; and extensive periods of time off of work. In a Utilization Review Report dated December 3, 2013, the claims administrator partially certified Lunesta as a one-month weaning supply of the same. The applicant's attorney subsequently appealed. In a June 12, 2013 progress note, the applicant was described as having a variety of medical and mental health issues, including depression, anxiety, chronic low back pain status post lumbar fusion surgery, diverticulosis, and nephrolithiasis. The applicant was reportedly using Lunesta for sleep. Wellbutrin, Cymbalta, and Seroquel were being used for underlying mental health issues. In a November 26, 2013 progress note, very difficult to follow, old complaints were mingled with current findings. The applicant was apparently having ongoing issues with anxiety, depression, and insomnia. The applicant stated that he was sleeping better with introduction of Lunesta. The applicant did have underlying issues with anxiety. The applicant was not working, it was suggested. It was stated that the applicant was in the process of pursuing a medical marijuana certificate for chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg: Overturned

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 Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Lunesta Medication Guide.Label (PDF) - Fda - Food and Drug Administration www.accessdata.fda.gov/drugsatfda.../labe...--Food and Drug Administration.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Lunesta is indicated in the treatment of insomnia. Clinical trials have supported long-term efficacy of Lunesta for up to six months' duration, the FDA further notes. In this case, the attending provider has posited that ongoing usage of Lunesta has ameliorated the applicant's sleep and led to the applicant's sleeping fairly well, in the order of approximately six hours nightly. Continuing the same, on balance, is therefore indicated. Accordingly, the request for Lunesta 3 mg is medically necessary and appropriate.