MAXIMUS Federal Services

Case Number:	CM13-0065072		
Date Assigned:	01/03/2014	Date of Injury:	03/02/2010
Decision Date:	04/01/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

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 Family Medicine and is licensed to practice in Texas. 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 applicant is an electrician who has filed a claim for right scrotal pain. The applicant underwent a right inguinal hernia repair with mesh, varicocelectomy, orchiopexy, and dissection of ilioinguinal nerve on 7/23/13. This was done as a result testicle retraction that would not descend. It was determined to be a result of a prior lumbar discectomy and spinal fusion procedure performed on 3/28/13, which was performed to resolve issues stemming from an injury on the job that occurred on 3/2/10. On a follow up visit to the urologist, a diagnosis of insomnia is noted as past medical history, not as a current problem. A prescription for Lunesta 1 mg is noted as a current medication, but not as a prescription to be continued, and the record does not state how long the treatment has been prescribed, nor does it describe if the prescribed medication was effective. Multiple prior notes to the orthopedic surgeons and preoperative notes in preparation for surgery note a diagnosis of insomnia and use of Lunesta as far back as 2/27/13 for use in relation to back pain. A utilization review on 12/4/13 denied the request for the Lunesta noting that the latest note did not contain documentation of sleep disturbance, sleep hygiene modification attempts, or functional benefit from previous use. The applicant's lawyer filed an appeal of this decision on 12/12/13

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg, # 20: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS is does not address the matter of insomnia, or use of Lunesta as a result of groin pain, or after scrotal surgery. The Official Disability Guidelines (ODG) section on chronic pain, sub section covering insomnia, and insomnia treatment do discuss the use of Lunesta. In the section on insomnia the definition of chronic insomnia is defined as lasting more than one month. Per the notes provided the insomnia would be defined as chronic in nature. Next, the same section defines secondary insomnia as insomnia secondary to a medical condition. According to the medical records provided for review, the claim states that the request for Lunesta is in relation to the right groin pain, but the note from the treating physician only shows the insomnia as a part of the past medical history and does not state if the applicant has insomnia as a current diagnosis. The ODG sub-section covering insomnia treatment recommends treatment based on etiology. It also mentions use of Lunesta in the treatment of insomnia, and notes that medications like Lunesta can be used, but only after careful evaluation of medical causes, specifically evaluation should take place after failure to treat the insomnia after 7-10 days. The notes do not show any evaluation of medical causes, or demonstrate the effectiveness of Lunesta. The ODG sub-section for treatment of insomnia notes that chronic insomnia is best treated with a combination of cognitive behavioral therapy (CBT) and medication such as Lunesta, but that the best treatment is cessation of medication after 6 weeks of use and continuation of CBT. The notes do not show any attempts at CBT, and shows a treatment period for longer than 6 weeks. The request for Lunesta 1mg, # 20 is not medically necessary and appropriate.