

Case Number:	CM13-0071118		
Date Assigned:	01/08/2014	Date of Injury:	11/04/2011
Decision Date:	04/07/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

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 Psychiatry 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 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:

This is a 57 y/o female with date of injury 11/04/2011. Date of UR decision was 12/16/2013. Industrial injury resulted in bilateral carpal tunnel syndrome. She started experiencing psychological issues secondary to the disability and started seeing a psychiatrist since 09/2011. Psychotropic medications so far have included Cymbalta, Ambien, Abilify, Zoloft, Ativan, Restoril, and Effexor. Psychiatric diagnoses have been Major Depressive Disorder, moderate; Insomnia type sleep disorder due to Pain and Female hypoactive sexual desire disorder due to pain. Per Progress report from 3/1/2013 the subjective complaints include "exacerbation of depressive and anxiety symptoms including suicidal thought, complains of sleep disorder, social withdrawal and diminished libido". She has received 12 treatments of ECT since 12/2011. It appears from the reviewed documentation that the injured worker has been taking Lunesta 3 mg qhs since at least 04/2013. Progress report from 10/01/2013 states the subjective findings of "patient is very depressed and tearful.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retrospective request for Lunesta 3 mg #30 with a date of service of 9/26/2013: 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), Pain Chapter, Insomnia Treatment Section.

Decision rationale: The injured worker has been on Lunesta for >6 months. According to the Official Disability Guidelines (ODG), medications are not recommended for long term treatment of insomnia and also Lunesta has potential for abuse, dependency, withdrawal and tolerance. The medical necessity for Lunesta cannot be affirmed at this time