

Case Number:	CM13-0071165		
Date Assigned:	01/08/2014	Date of Injury:	10/28/2009
Decision Date:	04/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/26/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 32-year-old male who reported an injury on 10/28/2009 after a deck that he was working on collapsed, causing a fall of 8 feet to 10 feet. The patient developed chronic bilateral knee and right wrist pain. The patient's most recent clinical evaluation documented that the patient had weakness in the right hand and bilateral legs. The patient's diagnoses included chronic left knee pain, chronic right knee pain, chronic right wrist pain, depression, sexual dysfunction, insomnia secondary to knee pain, and radiculitis. The patient's treatment plan included Norco 5 mg for breakthrough pain and samples of Lunesta for insomnia secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 2MG, 1 BY MOUTH A BEDTIME, SAMPLES GIVE, UNSPECIFIED QTY:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Treatments

Decision rationale: The requested Lunesta 2 mg, 1 by mouth at bedtime samples given unspecified quantity, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address insomnia-related complaints. Official Disability Guidelines recommend pharmaceutical prescriptions for patients with insomnia related to chronic pain after the patient has failed to respond to non pharmacological treatments. An adequate assessment of the patient's sleep hygiene was not submitted for review. Per documentation, the patient has failed to respond to non pharmacological modifications to the patient's sleep schedule. Additionally, the request does not include a quantity. Therefore, the appropriateness of the request cannot be determined. As such, the requested Lunesta 2 mg, 1 by mouth at bedtime samples given unspecified quantity is not medically necessary or appropriate.