

<b>Case Number:</b>	CM14-0005725		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	12/01/2002
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Orthopedic Surgery 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:

This is a 59-year-old gentleman who sustained an injury to both the neck and low back on 12/1/02. The records provided for review document that the claimant is status post lumbar fusion as well as a 2001 sacroiliac joint fusion procedure. Recent records indicate that he underwent a diagnostic injection over instrumentation at the L5-S1 level in October 2013 that provided 100 percent pain relief for roughly one month. A follow up visit dated 1/3/14 indicated that, due to the injection, the claimant would be a reasonable candidate for a hardware removal procedure. Physical examination findings on that date demonstrated tenderness over the lumbar hardware at the L5-S1 level. There was no documentation of recent imaging or imaging indicative of loosening or malfunction of the claimant's hardware. The recommendation was made for an isolated hardware removal procedure and prescription for continued use of Lunesta daily with three months of refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 HARDWARE REMOVAL:** 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 the Citation Non-MTUS: Official Disability Guidelines (ODG) Low Back Procedure - Hardware Implant Removal (fixation).

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address hardware removal from the lumbar spine. Turning to the Official Disability Guidelines, the request for hardware removal in this setting would not be indicated. The claimant's fusion is greater than ten years old and there is no documentation of recent imaging that demonstrates loosening of hardware or imaging that would rule out other causes of the claimant's current complaints of pain. Therefore, the role of an isolated hardware removal procedure in absence of clinical imaging is not supported as medically necessary.

**1 PRESCRIPTION OF LUNESTA 3MG #30 WITH 3 REFILLS:** 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 the Citation: Official Disability Guidelines (ODG) Pain Procedure – Insomnia.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address treatment for insomnia. When looking at the Official Disability Guidelines, the request for treatment for insomnia with Lunesta in this case would not be indicated. While this individual is utilizing Lunesta, a hypnotic agent that is utilized for sleep, there is currently no documentation of a diagnosis of insomnia, previous treatment for insomnia, or documentation of prior conservative measures utilized for insomnia. When the lack of this information is coupled with the fact that these medications are only indicated for short term use of 2-4 weeks, there would currently be no indication for use of the medication Lunesta as prescribed, with three months of refills. Therefore, the requested LUNESTA is not medically necessary.