

Case Number:	CM14-0006587		
Date Assigned:	02/07/2014	Date of Injury:	05/01/1999
Decision Date:	06/27/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine and Rehabilitation 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 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:

PR2 dated 01/13/2014 reports the patient had complaints of pain and stiffness in her hands and wrist. Recently, she has more pain in the left wrist. She reports the pain is constant and sharp in nature. Her pain becomes worse when she uses her hands and she has trouble with her activities of daily living. Without medications, her pain is rated 10/10 and with medications, 6/10 and tolerable. She denied side effects from the medication. Objective findings on exam revealed significant deformity of hands and wrists more than her elbows. She has fused wrist with less movement in the right as compared to the right wrist. Her hand range of motion is limited. She had tenderness to palpation over the hands and wrist. Diagnoses are osteoarthritis multiple sites, musculoskeletal pain and rheumatoid arthritis. The treatment and plan include Norco 10/325 mg, Lunesta 2 mg, continue daily exercise and stretching program, bilateral wrist splints for pain relief, Senokot 2 tabs. Prior UR dated 12/18/2013 states the request for Lunesta 2 mg #90 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 2MG #30: 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), Pain Chapter.

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

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute. According to the Official Disability Guidelines, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are considered first-line medications for insomnia. This class of medications includes eszopiclone (Lunesta; 1/2). All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. The medical records do not document any complaints of insomnia, nor document the existence of any objective findings/observations that indicate active insomnia. Additionally, the medical records do not document any attempts to improve sleep hygiene and failure of trials with non-prescription sleep aids. The request for Lunesta is not supported by the medical records, Therefore under the guidelines the request is not medically necessary.