MAXIMUS Federal Services

Case Number:	CM14-0106885		
Date Assigned:	07/30/2014	Date of Injury:	05/05/2011
Decision Date:	09/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/10/2014

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 Nevada. 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 records presented for review indicate that this 57-year-old male was reportedly injured on May 5, 2011. The mechanism of injury is noted as falling down a ladder. The most recent progress note, dated June 26, 2014, indicates that there are ongoing complaints of heart burn, shortness of breath, and burning with urination. There was also a complaint of difficulty falling asleep. There was a normal physical examination. Diagnostic imaging studies of the lumbar spine indicated L4-L5 disc degeneration with a disc bulge, degenerative disc disease at L2-L3 with a grade 1 retrolisthesis, a disc bulge at L3-L4, and facet hypertrophy with mild foraminal narrowing at L5-S1. The previous treatment includes physical therapy, cognitive behavioral therapy, and the use of a tens unit. A request had been made for Lunesta and was not certified in the pre-authorization process on July 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC / ODG Integrated Treatment/Disability Duration Guidelines; Mental Illness & Stress - Eszopicolone (updated 6/12/14).

Decision rationale: According to the attached medical record the injured employee was previously prescribed an unknown sleeping medication. Additionally the current complaints of difficulty sleeping as stated on June 26, 2014, are apparently related to pain rather than insomnia. Considering this, the request for Lunesta is not medically necessary.