

Case Number:	CM14-0111684		
Date Assigned:	09/16/2014	Date of Injury:	09/18/2007
Decision Date:	10/23/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/16/2014

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, has a subspecialty in Pain Medicine 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 records presented for review indicate that this 56 year-old male was reportedly injured on September 18, 2007. The mechanism of injury is noted as heavy lifting. The most recent progress note, dated August 19, 2014, indicates that there are ongoing complaints of sleep disturbance and the claimant notes an inability to sleep without the aid of Lunesta. The claimant is documented as having been on this medication for "a long time." The claimant is noted to have "tried everything including changing his diet, not going to bed hungry, avoiding caffeinated beverages, not smoking in the evening, and multiple other sleep hygiene interventions. The physical examination demonstrated documents normal strength in both lower extremities, but diminished sensation in a left L5 and S1 dermatomal distribution. Reflexes are symmetric bilaterally for the quadriceps, but Achilles tendon reflexes cannot be reproduced on either side. Diagnoses include chronic low back pain. Diagnostic imaging studies including MRI the lumbar spine performed on March 15, 2013 demonstrates evidence of previous operative intervention consisting of a left-sided hemilaminectomy at L4-L5 with enhancing granulation tissue. Spondylosis resulting in mild canal narrowing is also documented at L2-L3. The clinician further notes that the claimant has failed non-pharmacological intervention for insomnia and has been utilizing Lunesta for 1.5 years. Clinician indicates a sleep disorders are associated with chronic pain. The clinician does not indicate if any sleep studies or other diagnostic investigations have been performed. A request had been made for Lunesta and was not certified in the pre-authorization process on July 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30 with 1 refill: 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), Treatment Index, 11th Edition (web), 2013, Chronic pain Chapter, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Health; Eszopicolone (Lunesta)

Decision rationale: The use of this medication is not addressed by the CA MTUS. The ODG recommends against the long-term use of this medication, but indicates that may be utilized for short-term treatment. Additionally, the ODG notes that these medications may be habit-forming and impair function and memory more than opioid pain relievers. Based on clinical documentation provided, claimant has been utilizing this medication for 1.5 years. The clinician indicates that other conservative sleep hygiene intensive been made, but there is no indication that a trial of antidepressants, anticonvulsants, or psychotherapy have been attempted. Also, the documents submitted for review do not contain a sleep study. As such, there appears to be insufficient evidence to support the ongoing use of this medication despite the previous attempts at sleep hygiene when noting the lack of diagnostic workup for the persistent insomnia. This request is considered not medically necessary.