

Case Number:	CM14-0132083		
Date Assigned:	08/22/2014	Date of Injury:	02/18/2009
Decision Date:	10/03/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 injured worker is a 53-year-old male who reported an injury 02/18/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 08/08/2014 indicated diagnoses of hip fracture chronic, chronic pain syndrome, cervical radicalistic chronic and headache chronic, and lumbar radiculitis chronic. The injured worker reported headaches, jaw/face pain, bilateral shoulder pain, neck and low back pain, left hip and left stump pain, described burning, numbing, deep, and rated 3/10 to 8/10. The injured worker reported modifying factors were meds that take the pain from a 7/10 to a 3/10 to 4/10. The injured worker reported muscle spasms and limited movement. On physical examination the injured worker was wearing a new prosthesis, less stump hyposensitivity and pain since starting the Lyrica. The injured worker continued to have right shoulder pain and swelling with limited range of motion. There were moderate spasms in the cervical and lumbar paraspinal muscles, with decreased sensation in the anterior thighs bilaterally. The injured worker's treatment plan included authorization to continue medications and proceed with psychiatric evaluation. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Percocet, Cymbalta, Lunesta, Lyrica, Prilosec, and Amrix. The provider submitted a request for Lunesta. A Request for Authorization dated 08/11/2014 was submitted for Lunesta; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of 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 Guideline, Pain (Acute & Chronic)

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: The request for 1 Prescription of lunesta 2mg #30 is not medically necessary. The Official Disability Guidelines recommend insomnia treatment based on the etiology, with the appropriate medications. The Official Disability Guidelines recognize Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. There is lack of documentation of efficacy and functional improvement with the use of Lunesta. In addition, the documentation submitted did not indicate the injured worker had insomnia or any sleep disturbances. Furthermore, the injured worker has been prescribed Lunesta since at least 03/13/2014. This exceeds this guidelines recommendation for short term use. Moreover, the request does not indicate a frequency. Therefore, the request for 1 Prescription of lunesta 2mg #30 is not medically necessary