

Case Number:	CM14-0133399		
Date Assigned:	09/08/2014	Date of Injury:	04/11/2013
Decision Date:	10/14/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/20/2014

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 36-year-old female was reportedly injured on April 11, 2013. The mechanism of injury was noted as repetitive motion. The most recent progress note, dated May 19, 2014, indicated that there were ongoing complaints of pain in the bilateral elbows, wrists, and hands. Pain was rated at 7/10 to 8/10 without medications. Current medications include tramadol, omeprazole, and ibuprofen. The physical examination demonstrated tenderness over the de Quervain's tunnel bilaterally. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included oral medications. A request had been made for Lunesta 1 mg and was not certified in the pre-authorization process on July 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg #90, 2 or 3 tablets at bedtime x3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/pain.htm#Zolpidem>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, ODG -TWC / ODG

Integrated Treatment/Disability Duration Guidelines; Mental Illness & Stress - Eszopicolone
(updated 6/12/14)

Decision rationale: The Official Disability Guidelines states, hypnotic sleep aid medications are recommended for short-term use due to risk of tolerance, dependence, and adverse effects such as daytime drowsiness, amnesia, impaired cognition, and impaired psychomotor function. The record does not indicate evidence of ongoing use of insomnia medication, as prior progress notes indicate prescriptions of Ambien. Additionally, this request is for 90 tablets with three refills, which does not indicate short-term usage. Considering this, the request for Lunesta is not medically necessary.