

Case Number:	CM14-0138066		
Date Assigned:	09/05/2014	Date of Injury:	06/03/1999
Decision Date:	09/25/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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 Emergency 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 injured worker is a 62 year-old male, who sustained an injury on June 3, 1999. The mechanism of injury is not noted. Diagnostics have included: July 15, 2014 lumbar MRI reported as showing L5-S1 severe disc space narrowing; May 15, 2014 urine drug screen reported as showing consistent results. Treatments have included: medications. The current diagnoses are: lumbar degenerative disc disease, chronic low back pain. The stated purpose of the request for Lunesta 3mg, #30, was to help him go to sleep quickly. The request for Lunesta 3mg #30 was modified for QTY # 16 on August 19, 2014, citing a lack of documentation of the presence of insomnia. Per the report dated August 14, 2014, the treating physician noted complaints of low back pain, and without Lunesta he had difficulty falling asleep. The provider noted that Lunesta helps with his social life because of his work schedule. Exam findings included negative straight leg raising tests and equal strength and reflexes to the lower extremities.

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 Official Disability Guidelines (ODG), Pain; Mental Illness and Stress 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 (Chronic), Eszopicolone (Lunesta), Insomnia treatment.

Decision rationale: The requested Lunesta 3mg #30, is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is "Not recommended for long-term use"; and " Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." The injured worker has low back pain, and without Lunesta he had difficulty falling asleep. The treating physician has documented that Lunesta helps with his social life because of his work schedule. Exam findings included negative straight leg raising tests and equal strength and reflexes to the lower extremities. The treating physician has not documented details of current insomnia not sleep hygiene modification attempts, nor rule out other causes of insomnia. The criteria noted above not having been met, Lunesta 3mg #30 is not medically necessary.