

Case Number:	CM14-0152334		
Date Assigned:	09/22/2014	Date of Injury:	01/27/1995
Decision Date:	10/29/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/18/2014

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 60-year-old male who reported an injury on 01/27/1995. The mechanism of injury and prior therapies were not provided. The injured worker's medications included Lunesta, Lidoderm, Voltaren gel and trazadone since at least 04/2010. The injured worker underwent MRI. The documentation of 03/04/2014 revealed the injured worker had daily severe headaches. The injured worker had pain in the bilateral hips and shoulders. The objective findings revealed decreased range of motion in the bilateral shoulders. The diagnoses included diabetes mellitus type 2, status post CVA in 1995 with MRI evidence of remote cerebellar hemisphere infarct with possible slow flow in the left vertebral artery, chronic daily headaches and responsive to Fioricet, Midrin, Tylenol, Ultracet or triptans. Additional diagnoses included chronic memory loss, and chronic bilateral hip and shoulder pain. The injured worker's medications were noted to include baclofen 10 mg by mouth 4 times daily for muscle spasms, Voltaren gel 2 gm 4 times a day to the left shoulder or right shoulder as needed, cimetidine 800 mg once a day, trazadone 50 mg per day, Cosamin DS1 by mouth 3 times daily, Lunesta 3 mg by mouth at bedtime and Lidoderm patches 1 to 3 per day as needed. Additional medications to continue were noted to include Vytorin, AcipHex, lisinopril, and low dose aspirin. There was no rationale or request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) PAIN CHAPTER, LUNESTA

Decision rationale: The request for Lunesta is not medically necessary. The Official Disability Guidelines indicate that Lunesta is recommended for the short term treatment of insomnia. The treatment is recommended for up to 6 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2010. There was a lack of documented efficacy and a lack of documented exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency, quantity, and dosage. Given the above, the request for Lunesta is not medically necessary.