

Case Number:	CM14-0152428		
Date Assigned:	09/22/2014	Date of Injury:	06/01/2010
Decision Date:	11/17/2014	UR Denial Date:	08/20/2014
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 Family 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:

This claimant has a date of injury of 6/1/2010. As a result of repetitive work with his hands, the patient developed gradual onset of pain, numbness and swelling of his hands and fingers. Medications include Norco, Celebrex, Omeprazole and Lorazepam. The patient was told to stop Lorazepam on 8/13/14. The patient was started on Lunesta as needed for sleep. Diagnoses include bilateral carpal tunnel syndrome and cervical sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14) Insomnia treatment; Eszopiclone (Lunesta)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment

Decision rationale: According to guidelines, insomnia is treated based on etiology. Pharmacological agents should be used when a careful evaluation of the cause of sleep disturbance has been done. A failure of sleep disturbance to resolve after a 7-10 day period

could indicate a psychiatric and/or medical illness. According to medical records there is no indication or diagnosis that the patient suffers from insomnia. Thus, the request is not medically necessary.