

Case Number:	CM14-0153712		
Date Assigned:	09/23/2014	Date of Injury:	02/21/2005
Decision Date:	11/21/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/19/2014

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 Texas. 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:

Medical Records reflect the claimant is a 36 year old male who sustained an injury on 2-21-05. The claimant is status post lumbar surgery. He has a diagnosis of lumbar laminectomy syndrome, degenerative disc disease and spinal canal stenosis. Office visit on 9-9-14 notes the claimant has depression and chronic pain. He continues with pain at the low back and tolerating a home exercise program. He reports his pain is decreased 3/10 with medications. On exam, the claimant has a normal gait, normal DTR, decreased range of motion due to pain. The claimant was educated on sleep hygiene issues

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg, #30, with 2 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, Pain (updated 9/10/14)

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 - insomnia treatment

Decision rationale: ODG notes that Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. There is an absence in documentation noting this claimant's sleep hygiene, past treatments trialed and failed. There is also an absence in documentation noting objective documentation for the diagnosis of insomnia, or causes. Therefore, the medical necessity of this request is not established.