MAXIMUS Federal Services

Case Number:	CM14-0156141		
Date Assigned:	09/26/2014	Date of Injury:	01/21/2003
Decision Date:	10/27/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/23/2014

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, has a subspecialty in Pain Management 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 is a patient with a date of injury of January 21, 2003. A utilization review determination dated September 12, 2014 recommends noncertification of Lunesta. Noncertification was recommended as the reviewing physician discussed with the requesting physician and recommended reduction to no more than 7 to 10 times of use in a 30 day period. A report dated August 28, 2014 includes subjective complaints of chronic pain in the lumbar spine and right knee. The note indicates that the patient sleeps well on Lunesta and is using the medications as prescribed with no side effects. Physical examination revealed restricted range of motion in the lumbar spine with tenderness in the lumbar spine and right knee. Diagnoses include lumbar disc degeneration, sacroiliac sprain/strain, knee sprain/strain, osteoarthritis of the lower leg, and sprain/strain of the lumbar region. The treatment plan recommends Visco supplementation, Celebrex, Ultram, Lidoderm, Nexium, and Lunesta 2 mg one at bedtime 30 tablets per month with 2 refills. The note states that the Lunesta is used nightly to sleep due to pain at night. The note indicates that the medication is efficacious and that the patient has failed trazodone, Ambien, and "TCS." A progress note dated July 11, 2014 indicates that the patient is using Lunesta 2 mg. A report dated September 29, 2014 September indicates that after a peer to peer discussion, it was agreed it to reduce Lunesta to 10 times in a 30 day period to promote efficacy and prevent dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Lunesta 2mg, take one by mouth at bedtime, qty 30 tabs per month, refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, their are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, and no statement indicating what behavioral treatments have been attempted for the condition of insomnia. Finally, there is no indication that Lunesta is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta is not medically necessary.