

Case Number:	CM14-0157330		
Date Assigned:	09/30/2014	Date of Injury:	07/30/2003
Decision Date:	10/29/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/25/2014

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:

The patient is a 47 year-old man who was injured at work on 7/30/2003. The injury was primarily to his head and neck. He is requesting review of denial for Lunesta 2mg #20. Medical records corroborate ongoing care for his injuries. These include his Primary Treating Physician's Progress Reports (PR-2s). His chronic diagnoses include: Status Post C5-T2 Posterior Cervical Fusion; C6 Incomplete Quadriplegia Post C6-7 Fracture Dislocation; Neurogenic Bladder; Neurogenic Bowel; Low Back Pain; and Cervical Radiculopathy. His current medication regimen includes but is not limited to: Nucynta, Norco, Clonazepam, Lunesta, Topamax, Duloxetine, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg PO HS PRN count #20: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: Up-To-Date, Treatment of Insomnia.

Decision rationale: The MTUS/ACOEM and Chronic Pain Medical Treatment Guidelines are silent on the use of medications such as Lunesta for the treatment of insomnia. The reference source, Up-To-Date provides a summary review on the treatment of insomnia. Comments from this resource indicate the following: All patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may be precipitating or exacerbating the insomnia. They should also receive general behavioral suggestions, particularly advice regarding sleep hygiene and stimulus control. For patients who continue to have insomnia that is severe enough to require an intervention, we suggest cognitive behavioral therapy (CBT) as the initial therapy (Grade 2B). An alternative type of behavioral therapy is reasonable if CBT is not available. For patients whose insomnia continues to be severe enough to require an intervention despite CBT, we suggest the addition of a medication to CBT rather than changing to a strategy of medication alone (Grade 2B). For patients who require medication for sleep onset insomnia, we suggest a short-acting medication rather than a longer-acting agent (Grade 2C). For patients who require medication for sleep maintenance insomnia, we suggest a longer-acting medication rather than a short-acting agent (Grade 2C). Alternatively, a new formulation of zolpidem has been approved for use in the middle of the night. Patients should be warned about the risk for daytime drowsiness, impaired driving, dizziness, and lightheadedness. Patients given behavioral plus pharmacologic therapy should continue behavioral therapy for six to eight weeks. In patients who respond to therapy, the medication can be tapered while continuing the behavioral therapy. Patients whose symptoms recur may require evaluation in a sleep disorders center, prior to the institution of long-term therapy. Long-term treatment with medication alone is not the optimal treatment strategy for patients with insomnia. In this case there is no documentation to indicate that the patient underwent a trial of cognitive behavioral therapy as the first approach to treat the insomnia. There is no documentation to indicate that the patient underwent an evaluation for other causes of insomnia. There is no documentation to indicate that the patient underwent an evaluation in a sleep disorder center, prior to the institution of long-term therapy. There is no documentation to indicate that there are ongoing adjuncts to therapy in addition to the long-term use of Lunesta for the treatment of the patient's insomnia. For all of these reasons, use of Lunesta is not considered as medically necessary.