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| Case Number: | CM14-0172334 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 10/21/2010 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 10/17/2014 |

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 Emergency 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 injured worker is a 55 year-old female, who sustained an injury on October 21, 2010. The mechanism of injury is not noted. Diagnostics have included: June 3, 2013 EMG reported as showing right ulnar mononeuropathy; November 29, 2012 cervical spine MRI reported as showing C5-6 degenerative changes. Treatments have included: chiropractic, medications. The current diagnoses are: neck pain, sacrum disorder, sciatica, ulnar nerve lesion. The stated purpose of the request for Lunesta 2 mg HS was for sleep. The request for Lunesta 2 mg HS was denied on September 22, 2014, citing a lack of documentation of insomnia, sleep hygiene modifications, functional improvement. Per the report dated October 13, 2014, the treating physician noted complaints of pain to the cervical spine, low back and left leg. Exam findings are non-contributory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 mg HS: 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: Eszopicolone (Lunesta), Pain Chapter: regarding 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, Eszopicolone (Lunesta), Insomnia treatment

Decision rationale: The requested Lunesta 2 mg HS, is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is "Not recommended for long-term use"; and "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." The injured worker has pain to the cervical spine, low back and left leg. This medication has been prescribed for at least six months. The treating physician has not documented details of current insomnia, nor sleep hygiene modification attempts, functional improvement, nor rule out other causes of insomnia. The criteria noted above not having been met, Lunesta 2 mg HS is not medically necessary.