

<b>Case Number:</b>	CM14-0177295		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	05/25/1994
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 & Rehabilitation, has a subspecialty in pain 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 58-year-old male with an original industrial injury on May 25, 1994. They covered by the regions include the lumbar spine and cervical spine. There is also documentation of difficulty sleeping. The patient also had a remote history of bilateral carpal tunnel releases from the 1990s. A utilization review determination on date of service October 22, 2014 had denied the Lunesta. The stated rationale was that the insomnia was "not noted to be compensable under this claim."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3 mg # 30, outpatient, for chronic neck and back pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Chapter & Mental Illness and Stress Chapter, Insomnia Topics

**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. However, the disputed issue is whether insomnia is part of the industrial claim. This has not been accepted by the claims administrator. The independent medical review process does not decide on causation but rather on medical necessity. Based upon the documentation, it is not apparent whether non-pharmacologic methods of insomnia management have been utilized. The currently requested Lunesta is not medically necessary.