MAXIMUS Federal Services

Case Number:	CM14-0177642		
Date Assigned:	10/31/2014	Date of Injury:	04/07/1997
Decision Date:	12/31/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	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 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 64 year-old male, who sustained an injury on April 7, 1997. Pertinent diagnostics were not noted. Treatments have included: physical therapy and medications. The current diagnoses are: cervical strain, fibromyalgia, lumbar strain, and depression.The stated purpose of the request for Lunesta 3mg QHS #30 was not noted. The request for Lunesta 3mg QHS #30 was modified for Quantity # 15 on September 23, 2014, citing a lack of documentation of efficacy. Per the report dated August 26, 2014, the treating physician noted complaints of low back and neck pain. Exam findings included cervical tenderness and limited range of motion, lumbar tenderness with spasms and trigger points.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg QHS #30: 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), Treatment Index, 12 Edition (web), 2014, Pain Chapter

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: 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 disturbanceto resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The injured worker has low back and neck pain. The treating physician has documented cervical tenderness and limited range of motion, lumbar tenderness with spasms and trigger points. This medication has been prescribed since September 2013. The treating physician has not documented details of current insomnia not sleep hygiene modification attempts, nor rule out other causes of insomnia, nor functional improvement from previous use. The criteria noted above have not been met; therefore, Lunesta 3mg QHS #30 is not medically necessary.