

Case Number:	CM14-0178206		
Date Assigned:	10/31/2014	Date of Injury:	05/16/2000
Decision Date:	12/15/2014	UR Denial Date:	09/25/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 30-year old male with an injury date on 05/16/2000. Based on the 09/19/2014 hand written progress report provided by [REDACTED], the diagnoses are: 1.Chronic pain of body2.Right forearm, wrist3.FatigueAccording to this report, the patient complains of more pain all over the back, "low motivation, fatigue, feels like flu, wore out." Pain is rated at a 7-8/10. The 08/22/2014 report indicates the patient "admits to smoking some marijuana at bedtime, one to two puffs in the evening, which makes it easier for him to sleep at night, and it keeps him a little steadier. The patient is still using Lunesta 3mg. He would not sleep without it. There were no other significant findings noted on this report. The utilization review denied the request on 09/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/01/2014 to 09/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #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, Mental Illness and Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lunesta under Insomnia, Pain chapter

Decision rationale: According to the 09/19/2014 report by [REDACTED] this patient presents with more pain all over the back, low motivation, fatigue, feels like flu, wore out. The physician is requesting Lunesta 3mg #30. Lunesta was first mentioned in the 04/01/14 report; it is unknown exactly when the patient initially started taking this medication. Regarding Lunesta, the MTUS and ACOEM Guidelines do not discuss, but ODG Guidelines discuss Lunesta under insomnia and state "Lunesta has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine receptor agonist FDA approved for use longer than 35 days. Under Stress chapter, it states "Not recommended for long-term use, but recommended for short-term use. Review of reports indicates "the patient is still using Lunesta 3mg. He would not sleep without it." However, the patient has been on this medication for a long-term, which is not recommended. Therefore, Lunesta 3mg #30 is not medically necessary.