

Case Number:	CM14-0192260		
Date Assigned:	11/25/2014	Date of Injury:	11/21/2007
Decision Date:	01/12/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic low back pain, chronic shoulder pain, generalized anxiety disorder, and major depressive disorder reportedly associated with an industrial injury of November 21, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; earlier wrist surgery; earlier shoulder surgery; and epidural steroid injection therapy. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve a request for Lunesta. The claims administrator stated that its decision was based on an October 6, 2014 progress note and an associated October 10, 2014 Request for Authorization form. In a September 17, 2014 progress note, the applicant reported persistent complaints of depression without panic attacks. The applicant was given Global Assessment of Functioning (GAF) of 66. Four sessions of psychotherapy were sought. On July 11, 2014, it was stated that the applicant developed recurrent de Quervain's tenosynovitis and was being admitted. The applicant underwent a right wrist de Quervain's release surgery and superficial nerve radiolysis on July 11, 2014. On July 31, 2014, the applicant was placed off of work, on total temporary disability, following the de Quervain's release procedure. On May 5, 2014, Lexapro, Mobic, Neurontin, and Atarax were endorsed. It was stated that Atarax was being employed for opioid-induced pruritus. The applicant was also given prescriptions for Fioricet, Lunesta and Prilosec. On June 18, 2014, the applicant was asked to continue Lexapro, Lunesta, Prilosec, Fioricet, Neurontin, Mobic, Atarax, and Norco. It was stated that Lunesta was being employed for pain-induced insomnia. On September 24, 2014, the attending provider again noted the applicant should continue Neurontin, Mobic, Lexapro, Lunesta, Prilosec, and Percocet. On October 6, 2014, cervical epidural steroid injection therapy and Percocet were endorsed, along with medical transportation to and from the

proposed epidural steroid injection. The applicant was asked to continue Neurontin, Mobic, Lexapro, Lunesta and Prilosec. The applicant had issues with anxiety, depression and sleep disturbance, all of which were imputed to the applicant's ongoing pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg 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, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Page(s): 7. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines ODG Mental Illness and Stress Chapter, Eszopiclone topic.

Decision rationale: While the MTUS does not specifically address the topic of Lunesta usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider has not clearly stated how, (or if) ongoing usage of Lunesta has proven effective. The applicant was persistently described on multiple office visits, referenced above, as exhibiting symptoms associated with pain-induced insomnia. The applicant does not appear to have returned to work following recent wrist surgery and following multiple epidural steroid injections. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of "other medications" into his choice of pharmacotherapy. Here, the attending provider has furnished the applicant with two different sedative/anxiolytic medications, namely Lunesta and Atarax. No compelling rationale for provision of two separate sedative/anxiolytic agents was furnished. Finally, ODG's Mental Illness and Stress Chapter, Eszopiclone topic notes that Lunesta is "not recommended" for long-term usage purposes. Here, the applicant appears to have been using Lunesta for a minimum of several months. The request, thus, as written, is at odds with both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and with ODG's Mental Illness and Stress Chapter. Therefore, the request for Lunesta is not medically necessary.