

Case Number:	CM14-0023623		
Date Assigned:	06/16/2014	Date of Injury:	04/19/2012
Decision Date:	08/13/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/25/2014

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 Orthopedic Surgery 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 records presented for review indicate that this 38-year-old female was reportedly injured on April 19, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 22, 2014, indicates that there are ongoing complaints of back pain. Current medications include Norco and soma. The physical examination demonstrated tenderness at the left sacroiliac joint and along the lumbar spine at L4 - L5 and L5 - S1. A prescription was written for Lunesta, Norco, and soma. A future sacroiliac (SI) joint injection was considered. Diagnostic nerve conduction studies were within normal limits. A request was made for Lunesta and was not certified in the pre-authorization process on January 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA (ESZOPICLOME) 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 (ODG) Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a605009.html>.

Decision rationale: According to the most recent progress note, dated January 22, 2014, which prescribes Lunesta, there is no documentation of the injured employee having any difficulty sleeping. Therefore it is unclear why Lunesta is even prescribed. Furthermore there is no stated previous treatment discussing basic sleep hygiene issues. For these reasons this request for Lunesta is not medically necessary.