MAXIMUS Federal Services

Case Number:	CM14-0030086		
Date Assigned:	06/20/2014	Date of Injury:	03/15/2013
Decision Date:	07/22/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 27 year-old male with a 3/15/13 date of injury. He has been diagnosed with lumbar facet syndrome; low back pain; other general symptoms; subjective tinnitus; chronic pain; insomnia NOS. According to the 1/2/14 physiatry report from [redacted], the presents with 3/10 back pain, and was not able to start Lunesta. He wakes 4-5 times per night and gets 6 hours of sleep. The physician requested use of Lunesta. On 2/6/14 UR recommended against Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1 mg #30: Overturned

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, Insomnia Treatment.

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

Decision rationale: MTUS/ACOEM guidelines do not discuss Lunesta. ODG guidelines were consulted. ODG guidelines states treatment for insomnia is based on etiology. The physician

reports the patient's lower back pain is causing problems with sleep maintenance, awakening the patient 4-5 times per night. ODG states Lunesta is shown to help sleep latency and sleep maintenance and is FDA approved for use longer than 35 days. The physician appears to be requesting the Lunesta in accordance with ODG guidelines. The trial of Lunesta is medically necessary.

A REFILL OF LUNESTA 1MG #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, Insomnia Treatment.

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

Decision rationale: The request for IMR also includes one refill of Lunesta. The refill would not be indicated if the trial of Lunesta was not effective. There is no documentation available for this IMR that suggests Lunesta has been tried or is helpful. The request for the refill before determining efficacy of the initial trial of Lunesta cannot be considered necessary. The request cannot be confirmed to be in accordance with ODG and MTUS guidelines.