MAXIMUS Federal Services

Case Number:	CM14-0030193		
Date Assigned:	06/20/2014	Date of Injury:	06/16/2004
Decision Date:	08/19/2014	UR Denial Date:	02/14/2014
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 and Rehabilitation 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 58-year-old male who reported an injury on 06/16/2004 due to a metal table going down fast, which took him down with it. The injured worker had an examination on 07/01/2014 that revealed that the injured worker continued to ambulate with a significant antalgic gait pattern. He suffered a stroke on 11/22/2009 and walked with a cane. Past treatments were physical therapy, spinal cord stimulator trial, intradiscal electrothermal annuloplasty and lateral fusion. Current medications for the injured worker were Lunesta 3 mg 1 at bedtime, MS Contin 15 mg 1 tablet every 8 hours, oxycodone HCl 10 mg 1 tablet every 8 hours for pain as needed. The injured worker had x-rays of the lumbar spine 01/09/2014, and a CT scan of the lumbar spine 02/21/2014 that revealed compression of inferior endplate of L3 with about 20% lost intervertebral body height anteriorly. Diagnoses for the injured worker were status post intradiscal electrothermal annuloplasty procedure for discogenic disease, L3-4; mild disc desiccation, L3-4 and L5-S1; spondylolisthesis, L3-4; moderate to severe disc collapse, status post lateral fusion; and status post spinal cord stimulator trial in 02/2012. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Lunesta 3mg #30 with 3 refills: 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).

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

Decision rationale: The request for one prescription for Lunesta 3 mg quantity 30 with 3 refills is not medically necessary. The Official Disability Guidelines state that Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines state there are 4 classifications for pharmacological treatment for insomnia such as benzodiazepines, which are only recommended for short term use due to risk of tolerance, dependence, and adverse events, nonbenzodiazepine, melatonin receptor antagonist, and sedating antihistamines (primarily over the counter medications). Zolpidem is indicated for short-term treatment of insomnia or with difficulty with sleep onset. Melatonin receptor agonists is a selective agonist indicated for difficulty with sleep onset, is nonscheduled (has been shown to have no abuse potential). There is evidence to support the short term and long-term use of these medications to decrease sleep latency, however, total sleep time has not been improved. The provider should evaluate symptom improvement during the process, so treatment failure can be identified early and alternative treatment strategies can be pursued if appropriate. The request submitted does not indicate a frequency for the medication. Lunesta is recommended to be used for a short period of anywhere between 2 to 6 weeks. It was noted the injured worker was taking Lunesta on his 09/10/2013 visit due to difficulty gaining adequate rest. Although the medication is noted to be helpful for the injured worker, the duration of use of this medication exceeds guideline recommendations. In addition, the frequency of the medication was not provided in the request as submitted. Therefore, the request is not medically necessary.