

Case Number:	CM14-0031880		
Date Assigned:	06/20/2014	Date of Injury:	04/19/2012
Decision Date:	07/21/2014	UR Denial Date:	02/15/2014
Priority:	Standard	Application Received:	03/14/2014

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 low back pain, chronic mid back pain, and derivative complaints of insomnia reportedly associated with an industrial injury of April 19, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; attorney representations; epidural steroid injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated February 18, 2014, the claims administrator denied a request for Lunesta, a sleep aid. Non-MTUS ODG Guidelines were cited. The applicant's attorney subsequently appealed. A May 21, 2014 progress note is notable for comments that the applicant reported 10/10 low back pain. The applicant was described as using Norco for pain relief. The applicant was placed off of work, on total temporary disability. On March 31, 2014, epidural steroid injection therapy and sacroiliac joint injection therapy were sought. The applicant was using Norco and Soma at that point, it was stated. In a progress note dated January 22, 2014, the applicant was described as reporting 10/10 low back pain. The applicant was using Norco and Soma for pain relief. The applicant had reportedly not worked since the date of injury. The applicant was given a diagnosis of sacroiliac joint pain, thoracic spine pain, and lower back pain. The applicant was given prescriptions for Norco, Soma, and Lunesta. The applicant was again placed off of work, on total temporary disability. On November 12, 2013, the attending provider again stated that the applicant had persistent complaints of low back pain. The attending provider stated on this occasion that the applicant reported that Lunesta was very helpful, so 30 tablets of the same were written. It was again not stated why or for what diagnosis Lunesta was being employed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA (ESZOPICIONE) 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, Pain Chapter: Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation .WHAT IS LUNESTA? LUNESTA is a sedative-hypnotic (sleep) medicine. LUNESTA is used in adults for the treatment of a sleep problem called insomnia. Symptoms of insomnia include: -trouble falling asleep -waking up often during the night.

Decision rationale: The MTUS does not address the topic. While the Food and Drug Administration (FDA) does acknowledge that Lunesta, an anxiolytic, is indicated in the treatment of insomnia, in this case, however, the attending provider has not specifically documented the presence of ongoing issues with insomnia, either pain-induced or stand-alone, on any recent progress note. It is not clearly stated why or for what diagnosis Lunesta was being furnished. Therefore, the request is not medically necessary.