

Case Number:	CM14-0034757		
Date Assigned:	06/20/2014	Date of Injury:	05/16/2005
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/20/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 60-year-old woman who sustained a work-related injury on May 16, 2005. Subsequently she developed with the low back pain as well as pain in both arms. According to progress note dated on February 21, 2014, the patient was suffering of low back pain, numbness and pain in both hands and arms. Her physical examination demonstrated the diffuse tenderness on the right extensor flexor muscles and diminished sensation in the right upper extremity. There is tenderness over the lumbar paraspinal muscles with reduced range of motion and positive straight leg raise on the left side. The patient was diagnosed with the reflex sympathetic dystrophy, dysthmic disorder, cubital tunnel syndrome, carpal tunnel syndrome, lumbar radiculopathy, lumbar degenerative disc disease and low back pain. The patient was treated with the pain medications, physical therapy and H wave with some help. The patient was reported to have insomnia for which he was treated with zolpidem for undetermined duration without clear benefit. The provider requested authorization to prescribe Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)).

Decision rationale: According to ODG guidelines, “Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency.” The patient was treated with Zolpidem for unknown duration without clear benefit and the rationale for adding another non-benzodiazepine sedative-hypnotic is not clear. In addition, there is no documentation of the use of non pharmacologic treatment for the patient sleep issue. Therefore, the prescription of Lunesta 3mg, #30 is not medically necessary.