

Case Number:	CM14-0040252		
Date Assigned:	06/27/2014	Date of Injury:	01/27/1995
Decision Date:	10/10/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 Family 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:

This 60-year-old man reported injuries to his head, right elbow and right hip after a fall at work on 1/26/95. He subsequently had a stroke on 3/3/95 which was accepted as being caused by the 1/26/95 event. The patient has had daily headaches ever since his stroke, felt by various providers to be caused by the stroke itself, or by anal gesic rebound, or otherwise due to medications. He has seen multiple providers, and multiple diagnoses have been made. He has not worked since at least 2000. His current primary provider first saw him on 9/16/09. The list of diagnoses on that date did not include insomnia, though the note stated that the patient was taking "Ambien for sleep". There is letter from the patient in the records to the primary provider dated 9/1/09 in which the patient states that he is not sleeping well, and that he wakes up frequently "because headache and other aches and pains". On 9/29/09 the primary provider recommended that the patient try "Lunesta 3 mg at hs for his insomnia". It appears that the patient has been taking Lunesta ever since. There are no notes which document any response to it. The records contain a 5/7/12 report of a multidisciplinary team evaluation of the patient for a functional recovery program which lists moderately severe insomnia as one of his problems. A 2/4/14 progress note from the primary provider lists the patient's problems as diabetes, status post CVA, chronic daily headaches, status post myocardial infarction, chronic bilateral shoulder pain, chronic bilateral hip pain, psoriasis, probably psoriatic arthritis, gastrointestinal symptoms, chronic memory loss, tinnitus, diplopia, history of lipid abnormalities, bilateral TMJ syndrome in the past, chronic sexual dysfunction, and status post falling off a ladder in 2010 without sequella. He was given refills of or advised to continue multiple medications including Baclofen, Voltaren gel, cimetidine, Trazodone, Cosamin DS, Lidoderm patches, and Lunesta 3 mg at HS (number not specified). A request for authorization for the Lunesta was apparently submitted on 3/1/14, though it is not included in the records. The request was non-certified in UR on 3/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg 1 HS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), insomnia chapter Other Medical Treatment Guideline or Medical Evidence: UptoDate, an online evidence-based review service for practitioners (www.uptodate.com), Eszopilone: Drug Information

Decision rationale: Per the first guideline cited above, medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. Per the ODG reference above, treatment of insomnia should be based on its etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific components of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Per the up-to-date reference, the lowest effective dose of Lunesta should be used, as higher doses of 2-3 mg are more likely to result in impairment of memory and coordination lasting up to 11 hours after dosing. The maximum recommended dose in debilitated and geriatric patients is 2 mg. Lunesta causes headaches in 15-21 % of patients. It also causes dizziness in 5-7% of patients, chest pain in over 1%, neuralgia in up to 3% and decreased libido in up to 3%. Lunesta is a non-benzodiazepine sedative-hypnotic used for the treatment of insomnia. The request in this case is for an unspecified number of Lunesta 3 mg. If this request were authorized, it would essentially be an authorization for continued Lunesta in any amount for as long as the provider chose to dispense it. This is obviously not an acceptable situation. The clinical findings in this case do not support the use of Lunesta. There is no clear documentation that any evaluation for insomnia has ever been performed on this patient. It is not clear that the patient has primary insomnia, since he himself is on record as feeling that his frequent awakening is due to pain. If that is true, his insomnia would not be primary and Lunesta would not be indicated. The patient has been taking Lunesta for many years with no documentation of any improvement in sleep or daily function. He is taking 3 mg per day, which is over the dose recommended for debilitated or elderly patients (he fits into both categories). He has multiple ongoing problems which may be worsened by Lunesta, including decreased memory, decreased coordination, headaches, body aches and decreased libido. Based on the evidence-based references cited and the clinical findings in this case, Lunesta 3 mg 1 at HS is not medically indicated. It is not medically necessary because the request contains no specified quantity, because an appropriate evaluation of the patient's insomnia has not been performed, because the dose prescribed is inappropriately high, and because Lunesta has a side effect profile

that may be exacerbating many of the patient's symptoms. Therefore, this request is not medically necessary.