

Case Number:	CM14-0041462		
Date Assigned:	06/30/2014	Date of Injury:	11/29/2006
Decision Date:	08/29/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/08/2014

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 Physican Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old male who reported injury on 12/29/2006. The injured worker has diagnoses of chronic pain syndrome and rotator cuff tendonitis of the bilateral shoulders. The injured worker's past treatment include cognitive behavioral therapy, physical therapy/therapeutic movement, yoga, Feldenkrais, mindful base stress reduction, psych education, expressive therapies, and medication therapy. The injured worker had MRIs of the shoulders bilaterally. The injured worker has undergone right shoulder surgery on 01/12/2007, 01/25/2008, and 08/06/2012. He has also undergone left shoulder surgery on 06/22/2010 and 01/21/2013. The injured worker complained of left shoulder pain. He described it as constant which he rated at a 7/10. The injured worker described it as a sharp, stabbing pain which radiated up into the left side of the neck. He had some numbness and tingling at the top of the left shoulder. The injured worker stated that he also had right shoulder pain that was constant and rated that pain at a 4/10. The injured worker described it as a dull ache with some sharp burning pain that radiated up into his neck. The injured worker stated that he had decreased pain with medications. Physical examination dated 03/26/2014 revealed that the injured worker had diffuse tenderness throughout the shoulders bilaterally anteriorly and posteriorly. There was decreased and guarded range of motion. The injured worker revealed a flexion of 90 degrees, extension of 35 degrees, abduction of 90 degrees, adduction of 30 degrees, external rotation of 50 degrees, and internal rotation of 60 degrees. The left shoulder revealed a flexion of 90 degrees, extension of 40 degrees, abduction of 90 degrees, adduction of 30 degrees, external rotation of 50 degrees, and an internal rotation of 60 degrees. The injured worker had a motor strength of 4/5 with associated pain. Sensation in the C5-T1 dermatomes were normal. Deep tendon reflexes at the biceps, brachioradialis, and triceps were normal reactive and symmetrical. The injured worker's

medications include Norco 10/325, Cymbalta 30 mg, Wellbutrin and Lunesta. The dosage, frequency, and duration were not submitted in the review for all medications. The treatment plan is for the injured worker to continue the use of Lunesta to help him rest. The rationale and request for authorization form 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:

Lunesta: Upheld

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

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

Decision rationale: The ODG Guidelines state that Lunesta is not recommended for long-term use, but recommended for short-term use. 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. There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & melatonin receptor agonists; and (4) Over-the-counter medications. The majority of studies have only evaluated short-term treatment of insomnia; therefore more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. The efficacy of Lunesta is unclear, as the injured worker is still having significant problems with sleep. The submitted report showed that the injured worker had been taking Lunesta since at least 03/04/2013. The injured worker stated that he was sleeping, but he was still only getting about 3 hours per night. The request as submitted failed to provide the dosage, duration, and frequency of the medication. As Lunesta does not appear to be effective in keeping the injured worker asleep, the request is not medically necessary.