MAXIMUS Federal Services

Case Number:	CM14-0043741		
Date Assigned:	07/07/2014	Date of Injury:	04/01/2005
Decision Date:	08/21/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/10/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 is a 43-year-old man who sustained an industrial injury on 4/01/2005. He had 2 lumbar fusions (L4-5 and L5-S1) and failed a spinal cord stimulator. He has scarring around the spinal cord and other nerves. He has chronic lumbar radiculopathy and is on multiple pain medications and sleeping medications all of which previous reviewers have provided modified orders for, giving quantities that would allow for weaning of these medications. His medication list dated June 5, 2014 includes Gabapentin 300mg 1-2 every eight hours, Lunesta 3 mg /night, morphine sulfate 15 mg 3x/day, MS Contin 30 mg 3x/day, Norco- quantity 90, promethazine 25 mg quantity 30, Soma- quantity 90, and Wellbutrin Sr 150mg 2/day. These dosages could represent drops in previous dosing; however, due to come contradictions in the notes, this is difficult to confirm. He previously was on Fentanyl 100 mcg/hour patch; but this was stopped. His drug laboratory assessments have been positive for marijuana. The records do not give an indication if other things have been tried for this patient's insomnia problems. There are comments of difficulty sleeping, along with comments of being very depressed, sometimes thinking about suicide, (though he denies he would act on it). There is an Agreed Medical Evaluation, written by an orthopedic surgeon, dated February 7, 2014 and submitted by a law office to Utilization Review. The orthopedist stated that the utilization review is suggesting that the patient be weaned off these medications (Opiates, Lunesta, Soma) against his doctor's orders. It is unclear if he's referring to his own orders for the patient, or to the orders of a different physician. He continues to state that it is potentially dangerous to wean these drugs outside of the clinical appropriate setting and suggested that a residential treatment program be allowed so that these medications could be appropriately reduced in a setting that is not dangerous to the patient. There is no official Authorization Request in the medical records for a residential treatment program within these 209 pages of medical records. However, of interest, in October 2013, a

letter was sent to the patient from a Functional Restoration Pain Psychology Group, that indicated they had been unable to reach him to set up an appointment. Apparently a visit to see their Program Director had been authorized. There is no follow-up to this letter, so it is not clear what transpired after the patient received this letter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30 times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Literature Published by the Drug Manufacturer (2004).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (ODG-TWC), ODG Treatment IntegratedTreatment/Disability Duration Guidelines, Chronic Pain. Zolpidem. Other Medical Treatment Guideline or Medical Evidence:UpToDate, Treatment of Insomnia, Nonbenzodiazepines. Also, Eszopiclone:Drug Information, Special Alerts.

Decision rationale: The MTUS and the ODG both do not specifically discuss Lunesta, though the latter guidelines cover Ambien, which is a cousin within the same class of non-Benzodiazepines. It specifically states that Ambien is approved for short term (usually 2-6 weeks) treatment of insomnia. Also, Lunesta should be used with caution in patients with a history of drug dependence. The real difficulty for this patient would be weaning Lunesta at the same time he is reducing his opiates. Lunesta has a potential for withdrawal reactions, if it has been used regularly for a long time or in high doses, if stopped suddenly. In such cases, withdrawal symptoms (such as anxiety, abdominal cramps, vomiting, sweating, or shakiness) may occur. As mentioned by the previous Reviewer and by the Orthopedist, a Treatment program would offer a safe, medical oversight while being weaned off the Lunesta, while some of his other medications are reduced or stopped. This seems to not have yet been officially requested by the physicians. Likewise, this patient has been previously advised to wean down or off some of his other medications, specifically Soma, Morphine Sulfate IR, and MSContin. This patient states he has been decreasing his medications, but it is difficult to confirm this. Given the above the request for Lunesta 3mg #30 is not medically necessary.