

Case Number:	CM14-0043913		
Date Assigned:	06/20/2014	Date of Injury:	10/21/1997
Decision Date:	07/30/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/13/2014

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 Maryland. 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 employee was a 53-year-old who was being followed for fibromyalgia, depression and insomnia. The date of injury was October 21, 1997 and the mechanism of injury is not clearly given in the medical records provided. According to the medico legal evaluation report from the Psychologist dated March 19, 2004, pertinent medical history included Raynaud's syndrome, fibromyalgia, major depression, generalized anxiety disorder and chronic pain disorder. Her evaluation and treatment included Psychotherapy, Rheumatology consultation, home exercises and her medications included topical analgesics, Lunesta, Lyrica, Prevacid, Wellbutrin, Procardia, iron supplement and stool softener. Her symptoms were constant pain in her upper and lower back, neck, shoulders arms, wrists, hands, fingers, hips, legs, feet and toes, depression, crying episodes, lack of motivation, difficulty maintaining sleep and fatigue. The progress notes from Rheumatology consultant from the visit dated October 29, 2013 was reviewed. The subjective complaints included total body pain, chronic fatigue and problem sleeping. Also reported was morning gel phenomenon for minutes without new joint swelling along with aching in cold weather and more low back pain and left sided sciatica symptoms. Pertinent objective findings included pink finger tips, normal neurological examination and absence of joint swelling. The diagnoses included myalgia and myositis, Raynaud's syndrome and lumbar disc displacement. The plan of care included exercise, stretching, back exercises, topical medications and Lunesta. The request was for Lunesta. The medical records reviewed indicate that she was taking Lunesta atleast since 2006.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Pain, Insomnia Treatment.

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

Decision rationale: The employee sustained work related injury in 1997 after which she was being treated for fibromyalgia, lumbar disc pain and depression. Medical records reviewed indicate that she had ongoing insomnia along with major depression and pain disorder that was being managed with multiple medications. Her urine drug screens were consistent with the prescribed medications on multiple occasions. A request was submitted for Lunesta. According to Official Disability Guidelines, failure of insomnia to resolve after a short period may indicate underlying psychiatric or medical illnesses. While being treated with sleep aids, the specific components of insomnia should be addressed: including changes in sleep onset, sleep maintenance, sleep quality and next day functioning. A review of the medical records indicate that the employee had ongoing depression, which would contribute to ongoing insomnia. Additionally the records reviewed lacked documentation to support improved sleep patterns while taking Lunesta, specific components of insomnia and she had been on it at least since 2006. The request for Lunesta 3mg, thirty count, is not medically necessary or appropriate.