

Case Number:	CM14-0044063		
Date Assigned:	07/02/2014	Date of Injury:	02/24/2007
Decision Date:	08/21/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52 year-old individual was reportedly injured on February 24, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 9, 2014, indicates that there are ongoing complaints of low back and hip pain. A 50% worsening in the pain is reported (8/10). There no complaints of stomach pain. There is no nausea or vomiting reported. The pain drawing limits of pain to the proximal gluteal fold and bilateral hips. The physical examination demonstrated an alert, oriented individual in no acute distress. The gait pattern is reported to be an antalgic. There is tenderness to palpation of the lumbar spine and a decrease in lumbar spine range of motion. There is tenderness of the bilateral sacroiliac joints noted as well. Diagnostic imaging studies were not reviewed. Previous treatment includes L5/S1 disc replacement, physical therapy and multiple medications. A possible surgical intervention is scheduled A request had been made for the medication Lunesta and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 30mg #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, Treatment Index, 12th Edition, (web), 2014, 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 chapter.

Decision rationale: As outlined in the ODG (MTUS & ACOEM guidelines do not address) this medication is for the short-term treatment (7-10 days) for sleep disturbance. The literature supports no more than 4 weeks of use of this medication. Therefore, when noting that there is no efficacy noted, no increase in sleep patterns and no decrease in pain there is no clinical indication presented that this medication has any efficacy or utility. As such, this is not medically necessary.