

Case Number:	CM14-0045556		
Date Assigned:	07/02/2014	Date of Injury:	01/13/2000
Decision Date:	08/14/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational 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:

The claimant was injured on 1/13/00 and has been prescribed Lunesta, which is under review. The claimant has chronic neck pain with predominantly left upper extremity neuropathic pain and sympathetically mediated pain involving the right upper extremity. On 10/23/13, her medications were refilled. She had constant 7/10 pain. She appeared to be in no acute distress. She was treated with an intrathecal pump and on 12/3/13, it was not functioning properly. She was on several medications including Lyrica, Cymbalta, sumatriptan, Klonopin, and Lunesta at bedtime. She was also using loperamide, dicyclomine, omeprazole, ropinirole, montelukast, Motrin, Vicoprofen, and diphenhydramine. She appeared in no acute distress. She had persistent pain and the intrathecal pump was evaluated. She was to continue her oral medications per [REDACTED]. On 2/12/14, there was hyperpathia with altered sensation on the left more than the right upper extremity indicating chronic CRPS. She was using Lyrica, Cymbalta, and Lunesta. Lunesta seem to have been used for a prolonged period of time. Her oral medications were continued. She is allergic to acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #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 (ODG) Web 2012 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.

Decision rationale: The MTUS do not address pharmaceutical sleep aids. The Official Disability Guidelines states that Lunesta is not recommended for long-term use, but is for short-term use. It may be used for the treatment of insomnia based on the etiology that 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 component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In this case, the records do not mention her sleep patterns, lack of sleep, or the benefit that she receives from the use of this medication, including improved sleep and overall function. There is no history of chronic insomnia that has not responded to conservative care to support the use of Lunesta on a chronic basis. The medical necessity of this request has not been demonstrated.