

Case Number:	CM14-0061614		
Date Assigned:	07/09/2014	Date of Injury:	04/01/2007
Decision Date:	09/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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 Family Practice, and is licensed to practice in Ohio. 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 sustained an injury to his right knee in January 24 of 2002. He was ultimately diagnosed with a torn medial meniscus and underwent arthroscopic surgery on July 10 of 2002. Subsequently, and because of altered gait, he developed low back and left hip pain. He ultimately developed a chronic pain syndrome with non-restorative sleep in chronic fatigue. A poly sonogram done on November 3 of 2009 revealed findings consistent with fibromyalgia and obstructive sleep apnea. The patient had tried numerous medications for sleep including Temazepam and Trazodone. He was prescribed Lunesta in 2010 which he has been maintained on. While on Lunesta, the injured worker relays the achieves 4 to 5 hours of sleep per night, takes 30 minutes to initiate sleep, but wakes every two hours from his pain. The injured worker's additional diagnoses include depression, anxiety, and disorder, erectile dysfunction, and asthma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #20: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain, Insomnia treatment; Pain, Medical Food.

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

Decision rationale: The non-benzodiazepine sedatives are the first-line medications for insomnia. Lunesta in particular has demonstrated reduced sleep latency and sleep maintenance. It is the only benzodiazepine-receptor agonist that has been approved by the FDA for use longer than 35 days. Lunesta has demonstrated improvement in sleep latency, wake after sleep onset, and total sleep time over a six-month period. The injured worker in this case has been diagnosed with fibromyalgia and has disordered sleep characterized by reduced sleep latency, diminished sleep time, and frequent nighttime awakening. The use of Lunesta in this case is medically necessary.