

Case Number:	CM14-0069418		
Date Assigned:	07/14/2014	Date of Injury:	01/01/2000
Decision Date:	10/02/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 66-year-old female with a 1/1/00 date of injury, and status post L4-5 lumbar fusion 10/22/01. At the time (5/5/14) of request for authorization for Lunesta, 3 mg, with 4 refills, there is documentation of subjective (pain rated 4-5/10, chronic low back pain, left lower extremity pain) and objective (able to change station slowly ambulating with a mild left antalgic gait) findings, current diagnoses (chronic multifactorial lower back pain on an industrial basis with lumbar radiculopathy), and treatment to date (activity modification and medications (including ongoing use of Lunesta since at least 1/14)). There is no documentation of insomnia and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lunesta use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta, 3 mg, with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Chapter, Insomina treatment, Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia which includes eszopicolone (Lunesta). In addition, ODG identifies that Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days Within the medical information available for review, there is documentation of diagnoses of chronic multifactorial lower back pain on an industrial basis with lumbar radiculopathy. However, there is no documentation of insomnia. In addition, given medical records reflecting prescription for Lunesta since at least 1/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lunesta use to date. Therefore, based on guidelines and a review of the evidence, the request for Lunesta, 3 mg, with 4 refills is not medically necessary.