MAXIMUS Federal Services

Case Number:	CM14-0071457		
Date Assigned:	07/16/2014	Date of Injury:	05/13/2008
Decision Date:	11/21/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/16/2014

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 Medicine, and is licensed to practice in New Jersey. 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 worker is a 60 year old male who was injured on 5/13/2008. He was diagnosed with lumbar spinal stenosis, lumbar facet joint arthropathy, and lumbar sprain/strain. He was treated with medications, including opioids, NSAIDs, and sleep aids. He was also treated with low back surgery and lumbar facet joint radiofrequency nerve ablation. On 3/18/2014, the worker was seen by his primary treating physician reporting his low back pain. He also reported that he used up his last hydrocodone and Lunesta pills just prior to the appointment. The worker reported that Lunesta provided him an additional 2 hours of sleep when it is used. He was then was given a refill of his hydrocodone, as well as a refill of his Lunesta.

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 cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, he had been using Lunesta chronically before the request for continuation, which is not appropriate use of this type of medication. There was no documented explanation, found in the notes available for review, as to why the worker had difficulty sleeping (pain or other reason). Therefore, the Lunesta is not medically necessary to continue.