

Case Number:	CM14-0084184		
Date Assigned:	07/21/2014	Date of Injury:	12/31/1990
Decision Date:	08/26/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/03/2014

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 Pain Medicine, has a subspecialty in Physical Medicine & Rehabilitation, 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 injured worker is 60 Y/O female with date of injury 12/13/1990. The mechanism of injury is unknown. She is noted to have anxiety which is aggravated by lack of sleep and is associated with irritability. She has improved with Wellbutrin. She also has chronic obstructive pulmonary disease (COPD) and hypertension (HTN), for which she is taking Prednisone, Singulair and ProAir HFA, K+, Lasix and Lisinopril. Her other medications include Oxycontin, Lunesta, Wellbutrin, Lyrica, Sonata, Provigil, Skelaxin, Naratriptan, Savella, Percocet, Simvastatin and Zocor. Her diagnosis includes myalgia / myositis. The injured worker is diagnosed with major depression disorder and dysthymic disorder. The plan was to discontinue Buspar and Ativan and increase Wellbutrin. Previous request for Lunesta was not certified on 5/5/14 because according to guidelines Lunesta is not recommended for long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta - Unspecified dosage and quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Mental Illness & Stress Procedure Summary - Eszopiclone (Lunesta), Insomnia Treatment, Med Lett Drugs Ther. 2005 Feb 28;47(1203):17-9. Eszopiclone (Lunesta) [no authors listed].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>.

Decision rationale: The injured worker is 60 Y/O female with date of injury 12/13/1990. The mechanism of injury is unknown. She is noted to have anxiety which is aggravated by lack of sleep and is associated with irritability. She has improved with Wellbutrin. She also has chronic obstructive pulmonary disease (COPD) and hypertension (HTN), for which she is taking Prednisone, Singulair and ProAir HFA, K+, Lasix and Lisinopril. Her other medications include Oxycontin, Lunesta, Wellbutrin, Lyrica, Sonata, Provigil, Skelaxin, Naratriptan, Savella, Percocet, Simvastatin and Zocor. Her diagnosis includes myalgia / myositis. The injured worker is diagnosed with major depression disorder and dysthymic disorder. The plan was to discontinue Buspar and Ativan and increase Wellbutrin. Previous request for Lunesta was not certified on 5/5/14 because according to guidelines Lunesta is not recommended for long term use. Therefore, the request for Lunesta with unknown strength and quantity is not medically necessary and appropriate.