

Case Number:	CM14-0087360		
Date Assigned:	07/23/2014	Date of Injury:	02/09/1998
Decision Date:	09/15/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/10/2014

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:

According to the records made available for review, this is a 56-year-old male with a 2/9/98 date of injury. At the time (3/18/14) of request for authorization for Lunesta 3mg #30, there is documentation of subjective (continued neck and shoulder pain with radicular pain radiating down the bilateral upper extremities, and continued low back and bilateral shoulder pain) and objective (antalgic gait) findings, current diagnoses (failed back surgery syndrome status post lumbar fusion, cervical spondylosis with degenerative disc disease and radiculopathy, cervical facet arthropathy, and bilateral knee pain), and treatment to date (ongoing therapy with Lunesta since at least 1/21/14). 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 use of 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 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.

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 failed back surgery syndrome status post lumbar fusion, cervical spondylosis with degenerative disc disease and radiculopathy, cervical facet arthropathy, and bilateral knee pain. However, there is no documentation of insomnia. In addition, given documentation of ongoing treatment with Lunesta, 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 use of Lunesta. Therefore, based on guidelines and a review of the evidence, the request for Lunesta 3mg #30 is not medically necessary.