

Case Number:	CM14-0094571		
Date Assigned:	07/25/2014	Date of Injury:	08/04/2005
Decision Date:	09/30/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/22/2014

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 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:

The injured worker is a 45 year old male who is reported to have sustained injuries to his low back. The mechanism of injury is not described. Per the submitted clinical notes, the injured worker is status post a hybrid procedure which consisted of an L5-S1 ALIF and an L4-5 ProDisc ADR on 06/14/12. Postoperatively, he is reported to have significant improvements in his pain which was then reported to be 3/10. However, the record does not suggest that this is accurate in that there is no substantive change in his medication profile. The records indicate that the injured worker currently receives Lyrica 100mg, Lidoderm 5%, Zoloft 100mg, Oxycontin 20mg, and Lunesta 3mg. On physical examination dated 05/16/14, the injured worker does not appear in acute distress. Motor strength in the lower extremities is reported to be 4/5 globally. He was subsequently provided refills of his medication. The record contains a utilization review determination dated 06/10/14 in which the request for Lunesta 2mg with 2 refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg with two 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 (ODG), 11th Edition (web 2014).

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

Decision rationale: The request for Lunesta 2mg with no refills is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic low back pain status post a hybrid surgical procedure. The records note that the injured worker has difficulty sleeping and has subsequently been diagnosed with insomnia. The record provides no data that the underlying cause of the injured worker's insomnia has been investigated. Further, the clinical records provide no data which establishes the efficacy of this medication. There is no description of either improved or perceived functional benefits as a result of this medication. As such, the medical necessity for the continued use of this medication is not established or supported under CA MTUS.