

Case Number:	CM14-0096402		
Date Assigned:	07/28/2014	Date of Injury:	11/05/2011
Decision Date:	09/10/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/24/2014

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 and Pain Medicine, and is licensed to practice in Florida. 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 53-year-old male who reported an injury on 11/05/2011. The mechanism of injury was noted to be a fall. The surgical history was noted to include multiple surgeries to the left shoulder. The injured worker underwent an MRI of the cervical spine and an x-ray of the left shoulder. Other therapies included acupuncture and physical therapy. The documentation indicated the injured worker was utilizing fentanyl 25 mcg every 3 days, Norco 10/325 mg 6 to 10 a day, Lunesta 3 mg at night and Lidocaine patches 5% as of 03/2014. The documentation of 05/27/2014 revealed the injured worker was able to stay functional with the medications. The injured worker indicated he was tired because of not getting sleep. It was indicated the use of Lunesta had been denied. The injured worker had been on Lunesta on and off for the last couple of years and every time it is denied, the injured worker was unable to sleep. Lunesta worked well for him. The current medications included Lunesta 3 mg at night. The diagnoses included left shoulder pain, right shoulder pain, left shoulder biceps repair, and neck pain. The treatment plan included utilization of an H-wave on a daily basis, and Lunesta 3 mg at nighttime. The physician documentation indicated that Official Disability Guidelines supported the long-term use of Lunesta unlike other medications. The documentation indicated the injured worker was absolutely miserable without the Lunesta. There was no DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg, count 30.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Treatment Guidelines: Treatment Index, 11th Edition 2013, Pain Chapter: Insomnia.

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, Lunesta.

Decision rationale: The Official Disability Guidelines indicate that Lunesta is not recommended for long-term use; however, it is recommended for short-term use up to 6 weeks. The clinical documentation submitted for review indicated the injured worker had previously utilized Lunesta. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lunesta 3mg, count 30 is not medically necessary.