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| Case Number: | CM14-0187664 | | |
| Date Assigned: | 11/17/2014 | Date of Injury: | 07/13/2005 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 Neurology, has a subspecialty in Neuromuscular 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:

This 49 year old injured worker sustained injury on 7/13/2005. The mechanism of injury was not documented in the available records. From 12/7/13 through 10/9/14 the condition of the injured worker has remained unchanged. From 2/25/14 through 8/20/14 requests were intermittently submitted for refills on current medications. On 10/9/14 the injured worker complained of increased right sided neck pain and spasms when bending over using a lap top and watching television. On physical exam the neck demonstrated increased spasm, stiff range of motion with no erythema or swelling. The left shoulder demonstrated pain on palpation anterior aspect of both shoulders but no changes from previous exams. The diagnoses include neck strain and degenerative disk disease of the cervical spine, anxiety and depression. Treatment included, refill current medications of Nortriptyline, Baclofen, Voltaren gel, Norco and Lunesta. It is documented that without these medications he is unable to complete his activities of daily living and his pain level is 7-8 out of 10. MRI of the left shoulder dated 7/11/14 demonstrate changes consistent with bursitis, moderate changes of degenerative joint disease within the acromioclavicular (AC) joint and changes suggestive of mild intrasubstance partial-thickness tear. An MRI of the cervical spine without contrast demonstrates solid interbody fusion at C6-7 stable from 12/5/12. The drug screen from 10/9/14 was positive for opiates. There is no documentation of current work status. On 10/29/14 Utilization Review non-certified the request for Lunesta 3 mg # 30 based on the ODG recommendation of its short term use only. This injury occurred nine years ago. There is no detailed history of anxiety or insomnia. There is no documentation of a trial of other measures for treatment of insomnia or a detailed psychiatric evaluation for stress-related conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg tablets #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)).

Decision rationale: According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. In this case, the patient has been using this medication for a long time without any clinical documentation of sleep issues. There is no documentation for a characterization of insomnia and the treatment modalities previously used. Therefore, the prescription of Lunesta 3mg is not medically necessary.