

Case Number:	CM14-0191882		
Date Assigned:	11/25/2014	Date of Injury:	04/12/2010
Decision Date:	01/12/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 Physical Medicine and Rehabilitation, 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:

This is a patient with a date of injury of April 12, 2010. A utilization review determination dated October 20, 2014 recommends modified certification of Lunesta. A progress report dated September 9, 2014 identifies subjective complaints of ongoing low back pain radiating into the right upper extremity. The note indicates that the patient is not taking trazodone due to blurring of vision, and amitryptiline causes dryness of mouth. Objective examination findings include spasm in the lumbar spine with limited mobility. Diagnoses include chronic low back pain, lumbar radiculopathy, lumbar facet joint arthritis, and status post lumbar fusion at L3-4. The treatment plan recommends prescription of naproxen, omeprazole, zolpidem 10 mg Q HS #15, Lunesta 3 mg PO Q HS #15, and tramadol. A prior note dated August 7, 2014 includes a prescription for zolpidem but no prescription for Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta Tab 3mg: 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), Pain Chapter, Zolpidem and insomnia treatment

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, Sleep Medication, Insomnia treatment

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, and no statement indicating what behavioral treatments have been attempted for the condition of insomnia. Additionally, the current request for Lunesta includes no frequency or duration of use, guidelines do not support the open-ended use of sleep medication, and there is no provision to modify the current request. In the absence of such documentation, the currently requested Lunesta is not medically necessary.