

Case Number:	CM14-0194631		
Date Assigned:	12/02/2014	Date of Injury:	07/30/2003
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/20/2014

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 Family 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:

This is a 47-year-old male with a work related injury dated July 30, 2013. The worker presented to her physician on October 23, 2014 with complaints of persistent neck, right upper extremity and bilateral lower extremity pain. The worker also reported increasing depression since his medications had not been authorized. The worker had also been treated by a psychiatrist and had been diagnosed with major depressive disorder, anxiety and the recommendation was made for aggressive psychological and psychiatric care and treatment. Physical examination revealed muscular skeletal spasticity, positive depression and anxiety symptoms; antalgic gait was noted with the use of bilateral forearm crutches for mobility. Dysesthesia and weakness was noted in the right upper extremity with flexion contractures in the right hand. Strength in the right upper extremity and bilateral lower extremity was rated four on a scale of five. Diagnoses at this visit included status post C5-T2 posterior cervical fusion, C6 incomplete quadriplegia post C6-C7 fracture dislocation, neurogenic bladder and bowel, low back pain and cervical radiculopathy. Recommended plan of care included the following medications: Enemezee, Norco 10/325 every 12 hours for breakthrough pain, MS contin daily for long acting pain control, Lunesta for sleep, omeprazole and lactulose. The utilization review decision dated November 6, 2014 non-certified the request Lunesta 2mg, 40 count. The rationale for the non-certification was based on the ODG guidelines, which address secondary insomnia that occurs from other medical or psychiatric illnesses, medications or sleep disorders. Medical records reviewed indicate that Lunesta had been used for more than six months and recommendations were made in a UR determination on October 9, 2013 for weaning of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta Tab 2mg #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(ODG), Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG,) Mental and stress, Lunesta

Decision rationale: The California MTUS guidelines are silent regarding the issue of sleep aids. Therefore, the ODG was referenced. The ODG specifically states regarding Lunesta that this medication is not recommended for long term use. This patient has been on this medication for longer than 6 months. Therefore, this request for Lunesta Tab 2mg #30 is not medically necessary.