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| Case Number: | CM14-0200149 | | |
| Date Assigned: | 12/10/2014 | Date of Injury: | 03/31/2001 |
| Decision Date: | 01/26/2015 | UR Denial Date: | 11/17/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 Emergency Medicine, has a subspecialty in ENTER SUBSPECIALTY 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:

Patient with reported date of injury on 3/31/2001. Mechanism of injury was not documented. Patient has a diagnosis of bilateral rotator cuff tears post surface repair(multiple), chronic cervical degenerative disc disease, sleep disorder due to chronic pain, depression/anxiety and nerve pain radiating to shoulders. Medical reports reviewed. Last report available until 11/4/14. Patient continues to report of stable pains and sleep problems. Lunesta reportedly improved sleep by 50%(?). Sleep is reportedly 8hours a day with 2-3 interruptions due to pain and 30minutes induction. Review of records show that patient has been on Lunesta chronically since before 6/14. Patient has continued high Epworth Sleepiness score despite being chronically on this medication. Objective exam were reviewed but are not relevant to this review. Medications include Zohydro, Lunesta, Effexor, Viibryd and Lyrica. Independent Medical Review is for Lunesta 3mg #30. Prior UR on 11/17/14 recommended non-certification of Lunesta. It approved/modified other medications requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg 1 unit #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. Lunesta is a medication used for insomnia. As per Official Disability Guidelines, Lunesta is not recommended for long term use since it can be habit forming and can lead to impaired memory and function. Patient has no objective improvement despite being chronically on Lunesta with continued sleep problems and has continued sleepiness despite claim of improvement in sleep. Chronic use of Lunesta is not medically necessary.