MAXIMUS Federal Services

Case Number:	CM14-0200813		
Date Assigned:	12/11/2014	Date of Injury:	04/09/2008
Decision Date:	02/25/2015	UR Denial Date:	11/12/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 04/09/2008. The date of the utilization review under appeal is 11/12/2014.On 10/13/2014, the patient was seen in primary treating physician followup regarding cervical pain, lumbar radiculopathy, lumbar degenerative disc disease, low back pain, and lumbar sprain. The patient reported stable change since the prior visit. The patient reported that the quality of her sleep was good. Medications included Lyrica, Nexium, Percocet, Voltaren gel, and also Lunesta at bedtime as needed. The patient's medications were continued. The treating physician notes that the patient had previously failed doxepin as ineffective and Rozerem as ineffective and Silenor as ineffective and Pristiq due to nausea. Lunesta was to continue, given that the patient reported she was able to fall asleep better with the medication and could fall asleep 20 minutes after use when otherwise she would stay awake for 3 hours after trying to initiate sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg take 1 at bedtime as needed #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (web: updated 10/30/14)

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

Decision rationale: This medication is not specifically discussed in the California Medical Treatment Utilization Schedule. This medication is specifically discussed in Official Disability Guidelines/Treatment in Workers Compensation/Pain. A recently updated entry regarding Lunesta notes specifically that this is recommended for short-term use and that hypnotics in general are encouraged at most in the initial first 2 months of an injury but are discouraged for chronic use. The medical records in this case discuss perceived benefits of this medication but do not discuss attempts at the use of a lower dose or non-pharmacological alternatives to insomnia management. For these reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.