

<b>Case Number:</b>	CM14-0031399		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	01/17/2007
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 injured worker is a 56-year-old male, who sustained an industrial injury on 1/17/2007. The diagnoses have included shoulder pain and lumbar facet syndrome. Treatment to date has included left shoulder surgery (1/15/2013), physical therapy and medication. According to the Primary Treating Physician's Progress Report dated 1/15/2014, the injured worker complained of bilateral shoulder pain. Quality of sleep was poor. Current medications included Ibuprofen, Norco and Lunesta. Exam of the shoulders revealed restricted range of motion. Exam of the lumbar spine revealed paravertebral muscle spasm and tenderness on both sides. The treatment plan was to refill medication. The injured worker reported that he could have four to five hours of continuous sleep with Lunesta and that without the medication he would have one to two hours of fragmented sleep. He reported that Norco decreased his pain from 8/10 to 5/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress, 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) Insomnia.

**Decision rationale:** Guidelines state that medications such as Lunesta are first line for treatment of insomnia. In this case, the medical documents indicate that the patient suffered from interrupted sleep which was improved once on Lunesta. Based on the guidelines and medical documents, the request for Lunesta 3mg #30 is medically appropriate and necessary.

**Ibuprofen 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 51.

**Decision rationale:** Guidelines state that ibuprofen may be indicated for relief of back pain and osteoarthritis pain at the lowest dose for the shortest time. In this case, there is a lack of documentation of efficacy, occurrence of side effects, and there is no plan for using the medication at its lowest dose for the shortest period of time. Thus, the request for ibuprofen 600mg #60 is not medically appropriate and necessary.