MAXIMUS Federal Services

Case Number:	CM15-0001090		
Date Assigned:	01/12/2015	Date of Injury:	07/07/1986
Decision Date:	03/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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: California
Certification(s)/Specialty: Family Practice

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 July 7, 1986. His reported previous symptoms were not included in the provided medical records. The diagnoses have included sleep apnea and lumbosacral neuritis. Treatment to date has included a nonbenzodiazepine sleeping medication and continuous positive airway pressure (CPAP) to treat sleep apnea. Currently, the injured worker complains of constant lower back pain with radiation into the lower extremities. On December 9, 2014 Utilization Review non-certified a prescription for 30 eszopiclone (Lunesta) 1mg, noting the lack of subjective complaints of sleep disturbance in the last several months prior to the request. The California Medical Treatment Utilization Schedule (MTUS) guidelines for insomnia treatment were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 1mg quantity 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, (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation benzodiazepines

Decision rationale: According to guidelines it states Lunesta should be used with caution due to the potential of dependency and abuse. Medications for insomnia should only be prescribed when workup for insomnia has been done. According to the medical records there is no documentation of sleep disturbance and thus Lunesta is not medically necessary.