

Case Number:	CM15-0100677		
Date Assigned:	06/03/2015	Date of Injury:	01/22/2004
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/26/2015

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: North Carolina

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 73 year old female, who sustained an industrial injury on 1/22/2004, while employed as a leasing director. She reported a slip and fall. The injured worker was diagnosed as having bursitis, shoulder joint pain, lumbar post-laminectomy syndrome, lumbosacral neuritis, not otherwise specified, headache, and type 2 diabetes. Treatment to date has included diagnostics, medications, multiple spinal surgeries (2005 and 2006), physical therapy, epidural steroid injections, and completion of a functional restoration program. Currently (4/17/2015), the injured worker complains of overall decreased pain in her neck, right leg, lumbar spine and head. She reported increased pain and weakness in her right hip. She reported 50% benefit from Norco for pain and function and 80-90% benefit with Ambien for sleep. She reported no difficulty sleeping. Her past medical history was notable for hypertension and anxiety. Medications included Aciphex, Lunesta, Norco, Flexaril, Lyrica, Cymbalta, Synthroid, Atenolol, and Vytarin. Her physical exam noted her to be alert and oriented, sitting comfortably, and responding appropriately. She had no unusual evidence of depression and was anxious. Her work status was permanent and stationary. She stated that Ambien was losing effectiveness to help her sleep. She was started on Lunesta and Ambien was discontinued. The Functional Restoration Program notes noted that Ambien was discontinued and this was a program goal. The previous progress report (3/13/2015) noted that she tried to discontinue Ambien but was having a hard time sleeping. The use of Ambien was noted since at least 10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #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, Pain Chapter (Online Version) Official Disability Guidelines, Mental Illness & Stress Chapter (Online Version).

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

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore the request is not medically necessary.