

Case Number:	CM15-0100959		
Date Assigned:	06/03/2015	Date of Injury:	11/04/1993
Decision Date:	07/09/2015	UR Denial Date:	05/22/2015
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: Texas, 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:

This is a 59 year old male patient, who sustained an industrial injury on 11/4/93. The diagnoses include lumbago and spinal lumbar degenerative disc disease. Per the doctor's note dated 5/7/2015, he had complains of lower backache. The physical examination of the lumbar spine revealed tenderness, restricted range of motion and positive straight leg raising bilaterally. The medications list includes testim, lyrica, oxycontin, lunesta, senokot S, nuvigil, norco, metformin and cymbalta. He has had home exercise program for this injury. He had been using Testim 1% since at least 1/29/15. He has had urine drug screen on 9/11/2014 and 10/9/2014. The treating physician reported requesting authorization for Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 MG Qty 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Insomnia treatment.

Decision rationale: Request Lunesta 2 MG Qty 30 CA MTUS does not address this request. Eszopicolone(Lunesta) is a benzodiazepine-receptor agonist (Non-Benzodiazepine sedative-hypnotics) FDA approved for use of treatment of insomnia. It is a controlled substance. Per the ODG guideline regarding insomnia treatment "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." A detailed history of insomnia is not specified in the records provided. Any trial of other measures for treatment of the patient's insomnia symptoms, like the use of tricyclic antidepressants, prior to the use of Lunesta is not specified in the records provided. A detailed evaluation for psychiatric or medical illness that may be causing the insomnia, is not specified in the records provided. The medical necessity of Lunesta 2 MG Qty 30 is not fully established in this patient.