

Case Number:	CM15-0102448		
Date Assigned:	06/04/2015	Date of Injury:	07/30/2012
Decision Date:	07/03/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old male, who sustained an industrial injury on 7/30/12. He reported pain in his lower back after pushing a heavy object. The injured worker was diagnosed as having lumbar radiculopathy and lumbar disc displacement without myelopathy. Treatment to date has included lumbar spine surgery on 10/7/14, a lumbar MRI, a lumbar epidural injection without improvement and an EMG study of the lower extremities. Current medications include Norco and Lunesta. The injured worker reported some difficulty with sleep at the visit in 2/2015 and prescribed an unknown sleep aid. As of the PR2 dated 5/12/15, the injured worker reports continued lower back pain and numbness and tingling in the right lower extremity. He also is having pain in the left knee due to overcompensating for the right lower extremity weakness. Objective findings include lumbar spasms, restricted lumbar range of motion and a positive straight leg raise test on the right. The treating physician requested Lunesta 1mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1 mg, per 5/12/15 order 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), Pain (updated 04/30/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in July 2012 and continues to be treated for repeat low back pain with lumbar spine stiffness and lower extremity numbness, tingling, and weakness. He has episodes of anxiety, stress, and depression and difficulty sleeping due to pain. When seen, there had been a 10 pound weight gain since injury. His BMI was over 26. There was decreased and painful lumbar spine range of motion with muscle spasms and paraspinal tenderness. There was decreased lower extremity strength and sensation. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. If his is having difficulty sleeping due to pain or depression, then further treatment for these conditions could be considered. The Lunesta that is being prescribed appears ineffective. Therefore, the continued prescribing of Lunesta is not medically necessary.