MAXIMUS Federal Services

Case Number:	CM15-0102713		
Date Assigned:	06/05/2015	Date of Injury:	11/19/2001
Decision Date:	07/09/2015	UR Denial Date:	05/21/2015
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: Arizona, Texas
Certification(s)/Specialty: Internal 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 53 year old male, who sustained an industrial injury on 11/19/2001. He reported low back and bilateral knee pain. The injured worker was diagnosed as having lumbar intervertebral disc degeneration, thoracic/lumbosacral neuritis, lumbago, and depressive disorder. Treatment to date has included medications, physical therapy, left total knee replacement (private insurance on 12/12/2014), right total knee replacement (3/17/2015), 8 lumbar surgeries. The request is for Lunesta. The records included date of service 5/28/2015, which is after the UR report date of 5/21/2015. On 4/6/2015, he reported significantly reduced pain levels and is seen ambulating better. On May 6, 2015, complained of exacerbation of low back pain with muscle spasms after several physical therapy sessions due to being status post right total knee replacement. He reported that there is pain radiation into the lower extremities, and intermittent numbness and tingling. He continued to have right knee pain, and reported his left knee to be doing well with minimal pain. Current medications include Oxycontin, Oxycodone, Lunesta, and Laxacin. He is noted to have a positive straight leg raise test bilaterally. The treatment plan included Lunesta, Oxycontin, and trial of Cyclobenzaprine. The records indicate he has been prescribed Lunesta prior to 11/4/2014, for insomnia due to frequent awakenings of pain.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Approach to the adult with insomnia. Drug information.

Decision rationale: The MTUS is silent regarding the use of Lunesta for chronic insomnia. The FDA has approved the use of Lunesta for treatment of insomnia (with difficulty of sleep onset). When treating insomnia all patients should receive therapy for any medical condition, psychiatric illness, substance abuse or sleep disorder that may be precipitating or exacerbating the insomnia. For patients who continue to have insomnia that is severe enough to require intervention cognitive behavioral therapy (CBT) is the initial therapy that is recommended. If a patient requires a combination of behavioral therapy and medication, a short acting medication is recommended for 6-8 weeks and then tapered. If the patient is still having symptoms, they may require evaluation in a sleep disorder center prior to the institution of long-term medications. In this case, the documentation doesn't support that the patient has had this approach to his sleep difficulty. Therefore, the requested medical treatment is not medically necessary.