

Case Number:	CM15-0107894		
Date Assigned:	06/12/2015	Date of Injury:	10/23/2001
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/04/2015

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: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 10/23/2001. She reported injuring her left ankle, low back, neck, shoulders, and face after a fall at work. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having reflex sympathetic dystrophy, long term use of medications, and psychogenic pain. Treatment and diagnostics to date has included medications. In a progress note dated 04/29/2015, the injured worker presented with complaints of neck, back, and lower extremity pain. She reports that Lunesta helps provide her with a restful sleep which has improved her overall functioning. Objective findings include an antalgic gait and spasm and guarding noted at the lumbar spine. 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 2mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lunesta.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment, pages 535-536.

Decision rationale: Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), Pain. Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic and anxiolytic. Chronic use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Submitted documents have not demonstrated any specific functional improvement including pain relief with decreased pharmacological profile, decreased medical utilization, increased ADLs and work function, or quantified hours of sleep as a result from treatment rendered for this chronic injury of 2001. The reports have not identified any specific clinical findings or confirmed diagnoses of sleep disorders nor is there any noted failed trial of behavioral interventions or proper sleep hygiene regimen to support its continued use. The Lunesta 2mg quantity 30 is not medically necessary and appropriate.