

Case Number:	CM15-0017136		
Date Assigned:	02/04/2015	Date of Injury:	05/17/2006
Decision Date:	04/07/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/28/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 54 year old male, who sustained an industrial injury on May 17, 2006. The diagnoses have included chronic pain syndrome, dysthymic disorder, carpal tunnel syndrome, cervical and thoracic degenerative disc disease (DDD) and back pain. A progress note dated December 23, 2014 provides the injured worker complains of neck and back pain and has well when using yoga and is able to manage pain without medication as a result. He reports sleeping better as well. He has a limited number of sessions available so he uses them sparingly. In addition he utilizes a Transcutaneous Electrical Nerve Stimulation (TENS) unit and inversion table. On January 9, 2015 utilization review non-certified a request for Lunesta 3mg. #30. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 19, 2015.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

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

Decision rationale: The official disability guidelines do not recommend long-term usage of Lunesta but rather only for up to a three-week period of time. Lunesta stated to be habit-forming and may actually impair function as well as increased pain and depression over the long-term. The attached medical record does indicate that the injured employee has been prescribed Lunesta for an extended period of time. As such, this request for Lunesta is not medically necessary.