

Case Number:	CM15-0136806		
Date Assigned:	07/24/2015	Date of Injury:	06/04/2012
Decision Date:	08/21/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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:

This 42 year old man sustained an industrial injury on 6/4/2012. The mechanism of injury is not detailed. Diagnoses include lumbago. Treatment has included oral medications and acupuncture. Physician notes on a PR-2 dated 5/12/2015 show complaints of low back pain rated 7/10 with radiation to the bilateral lower extremities. Recommendations include continue current medications regimen, pain management consultation, continue acupuncture, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone (Lunesta) 1mg #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, Pain Chapter.

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 June 2012 and continues to be treated for radiating low back pain. When seen, pain was rated at 7/10. There was paraspinal muscle tenderness with positive seated nerve root testing. There was guarded and restricted lumbar spine range of motion. There was normal strength with asymmetric ankle reflexes and lower extremity dysesthesias. Medications were refilled. 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. The continued prescribing of Lunesta (eszopiclone) is not medically necessary.