

Case Number:	CM15-0139109		
Date Assigned:	07/29/2015	Date of Injury:	05/04/2013
Decision Date:	09/01/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/17/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on May 4, 2013. She reported low back pain. Treatment to date has included surgery, MRI, physical therapy, TENS unit, cortisone injection, medications, home exercise program, chiropractic care and pain management. Currently, the injured worker complains of constant, moderate to severe low back and right hip pain rated at 6 on 10. The pain radiates to her right buttock, right hip and right leg and is described as burning and cramping and is associated with numbness and tingling. The pain is exacerbated by bending over, carrying items, climbing stairs, prolonged sitting, standing and walking, pulling and turning over. She also reports sleep disturbance. The injured worker is diagnosed with lumbar disc displacement without myelopathy, lumbar or lumbosacral disc degeneration, lumbago, chronic pain syndrome and hip and thigh injury (not otherwise specified). Her work status is modified duty. A note, dated February 10, 2014, states the injured worker experienced moderate relief from pain post-operatively. The note further states the injured worker did not experience pain relief from physical therapy, chiropractic therapy, TENS unit, and cortisone injection. In a note, dated March 12, 2015, it states the injured worker did not experience much pain relief from medication(s). The note further states the injured worker is experiencing difficulty engaging in activities of daily living and averaging only 5 hours of interrupted sleep at night. A note dated, April 2, 2015, states the injured worker is experiencing sleep disturbance consisting of difficulty falling and staying asleep and frequent waking with medication. She reported averaging approximately 3 to 4 hours per night, which is restless. A note, dated April 9, 2015, states the injured workers quality of sleep is normal. In notes dated

May 7, 2015 and June 5, 2015 they report the injured worker is able to sleep 5-6 hours per night with Lunesta and 3-4 without it. The medication, Lunesta 1 mg #30 (dispensed April 9, 2015) is requested to continue to assist the injured worker with sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg tablets #30 (dispensed 4/9/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Insomina.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter (insomnia).

Decision rationale: CA MTUS does specifically address Lunesta. ODG states Lunesta is a non-benzodiazepine sedative-hypnotic that is used as a first-line medication for insomnia. It has the potential for abuse and dependency. In this case there is no documentation of an evaluation of potential causes for sleep disturbance. There is no evidence regarding the patient's sleep hygiene. There is lack of documentation regarding significant sleep complaints or efficacy of the medication. Therefore, the request is deemed not medically necessary.