MAXIMUS Federal Services

Case Number:	CM15-0144913		
Date Assigned:	08/05/2015	Date of Injury:	09/19/2011
Decision Date:	09/08/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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, Texas
Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 38 year old male who sustained an industrial injury on 09/19/2011. The mechanism of injury was not provided. He was diagnosed with thoracic or lumbosacral spine neuritis or radiculitis unspecified, post lumbar laminectomy syndrome, lumbar or lumbosacral degenerative intervertebral disc disease, and chronic pain syndrome. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, laboratory studies, status post placement of a spinal cord stimulator trial on 04/14/2015 which provided relief, above noted procedure, physical therapy, medication regimen, use of cane, and use of a wheelchair. A psychiatric QME was performed on 06/19/2015. The patient was depressed, anxious, worried about the future, decreased energy, decreased self esteem, short term memory problems, and reported sleep disturbance with mid sleep awakening. Medications included Cymbalta 60mg QD for depression, Norco, Colace, and Tapenadol 200mg BID for pain. Diagnoses given were depression NOS and pain disorder associated with psychological factors and a general medical condition In a progress note of 06/25/2015 the patient complains of constant, sharp, aching, cramping, shooting, throbbing, burning, and stabbing pain to the bilateral low back, bilateral buttocks, bilateral lower extremities, and to the bilateral ankles and feet. Pain rated 4/10 with medications, 9/10 without. Examination reveals an antalgic gait and mild kyphoscoliosis to the thoraco-lumbar spine. He reports mid sleep awakening 5 times per night. UR of 07/20/15 noncertified Lunesta. Medications include Lunesta, Nucynta ER, Norco, and Cymbalta. He had spinal cord stimulator implantation on 07/24/15. This request is for Lunesta 3mg. There is reference to this medication as far back as 09/2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress Insomnia treatment.

Decision rationale: The patient suffers from mid-sleep awakening of 4-5 times per night. It is recommended that insomnia be treated based on its etiology, whether it is primary or secondary. Lunesta is a non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists), which are first-line medications for insomnia. It has demonstrated reduced sleep latency and sleep maintenance. Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. However, he has been prescribed this medication since at least 09/2010, well beyond guidelines. There are non-pharmacological methods for insomnia treatment such as progressive muscle relaxation, sleep hygiene education, and biofeedback. It is unclear whether any of these methods have been attempted. The request is not medically necessary.