

Case Number:	CM15-0162347		
Date Assigned:	08/28/2015	Date of Injury:	02/04/2015
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/18/2015

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: Arizona, California

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 34 year old male, who sustained an industrial injury on February 4, 2015. The injured worker was diagnosed as having lumbago, pain in joint of lower leg, thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis, sleep disturbance and lumbar strain-sprain. Treatment to date has included medication, acupuncture, electromyogram and lumbar brace. A progress note dated July 8, 2015 provides the injured worker complains of low back, pelvic and right knee pain. There is radiating pain to the left leg. He rates the pain 7 out of 10. Physical exam notes use of lumbar brace, antalgic gait and lumbar tenderness to palpation with spasm, decreased range of motion (ROM), facet loading and positive straight leg raise on the left. The plan includes magnetic resonance imaging (MRI) and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta tab 1 mg Qty 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 - Eszopicolone (Lunesta); Insomnia.

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 and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant had sleep difficulties due to pain not due to a primary sleep disorder. Behavioral interventions were not noted. The claimant had been on Lunesta for 2 months. Therefore, the request is not medically necessary.