

Case Number:	CM15-0163005		
Date Assigned:	08/31/2015	Date of Injury:	05/11/2004
Decision Date:	10/14/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/19/2015

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:

The injured worker is a 51 year old female, who sustained an industrial injury on 05-11-2004. The injured worker is currently not working and permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for cervical radiculopathy. Treatment and diagnostics to date has included cervical epidural steroid injections and medications. Current medications include Thermacare heat wrap, Lyrica, Lunesta (since at least 02-05-2015), Zanaflex, Atenolol, Clonidine, Diovan, and Zolofit. According to the progress note dated 07-23-2015, electromyography-nerve conduction velocity studies dated 06-23-2009 noted mild, chronic left C7 cervical radiculopathy without active denervation and cervical spine MRI dated 10-24-2011 showed postoperative changes and persistent 1-2 central disc bulges at C2-3 and C3-4. In the same progress note dated 07-23-2015, the injured worker reported neck pain with radiation into both arms rated 6 out of 10 on the pain scale with medications and 8 out of 10 without medications. The physician noted that the injured worker's quality of sleep is poor. Objective findings included positive Spurling's test, cervical tenderness with no limitation in range of motion, and decreased light touch sensation over all fingers. The Utilization Review with a decision date of 08-05-2015 modified the request for Lunesta 3mg #20 with 1 refill to a 30-day supply to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #20 with 1 refill: 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, Insomnia treatment.

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 has a remote history of a work injury occurring in May 2004 and continues to be treated for radiating neck pain. Her past medical history includes hypertension and diabetes. When seen, pain was rated at 6/10 with medications. Physical examination findings included a normal BMI. There was cervical spine muscle tenderness and tightness with positive Spurling's testing. There was decreased upper extremity strength and sensation. There was rhomboid and trapezius muscle and sternoclavicular joint tenderness. Medications were refilled including Lunesta which was being prescribed on a long-term basis. 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. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The continued prescribing of Lunesta (Eszopiclone) is not medically necessary.