

Case Number:	CM15-0166298		
Date Assigned:	09/04/2015	Date of Injury:	12/17/2002
Decision Date:	10/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/24/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 46-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of insomnia reportedly associated with an industrial injury of January 17, 2002. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve a request for Lunesta. The claims administrator referenced a July 7, 2015 date of service in its determination. The applicant's attorney subsequently appealed. In an RFA form dated July 17, 2015, Lunesta, Tizanidine, Neurontin, Tramadol, and Embeda were endorsed. In an associated progress note of July 17, 2015, the applicant reported 7/10 low back pain complaints with associated issues with poor sleep. The attending provider suggested that the applicant was nevertheless working. The applicant was, however, smoking a pack of cigarettes daily. The applicant's medication list included Lidoderm patches, Colace, Senna, Cialis, Neurontin, Lunesta, Tramadol, Zanaflex, and Embeda, it was reported. Lunesta was renewed and/or continued. The attending provider stated toward the bottom of the note that the applicant was working on a part-time basis at a rate of 20 hours a week. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg #40: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Eszopicolone (Lunesta).

Decision rationale: No, the request for Lunesta, a sedative agent, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the ODG's Mental Illnesses and Stress Chapter Eszopiclone topic notes that Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, thus, the renewal request for Lunesta was at odds with ODG principles and parameters. The attending provider failed to furnish a clear or compelling rationale for continued usage of Lunesta in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.