

Case Number:	CM15-0168420		
Date Assigned:	09/09/2015	Date of Injury:	12/15/1995
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/26/2015

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 60-year-old male who sustained an industrial injury on 12-15-95. Progress report dated 8-11-15 reports continued complaints of chronic lower back pain that radiates to the left lower extremity into his bilateral feet. He has intense pain in his left calf and his left foot gets hot like the right one always has. In the last month, he has increased stomach pain, headaches, sweating and increased pain. Diagnoses include: chronic lower back pain, lumbosacral strain and pain, lumbosacral degenerative disc disease and chronic pain syndrome. Plan of care includes: continue Tylenol with codeine, prescribed diazepam, Lidoderm patch and amitiza, request triamcinolene 0.1% cream, request physical therapy and psych therapy, request 10 more days of functional restoration program. Follow up in a couple weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg quantity 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Health and Stress Chapter.

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 December 1995 and is participating in a functional restoration program. When seen, he was having constipation due to Norco causing low back pain and interfering with sleep. Physical examination findings included a slow and mildly stooped gait without use of an assistive device. Medications were continued. Lunesta was prescribed. 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 claimant has difficulty sleeping due to opioid induced constipation. Further treatment of his constipation would be the appropriate management. Prescribing Lunesta is not medically necessary.