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| Case Number: | CM15-0168604 | | |
| Date Assigned: | 09/09/2015 | Date of Injury: | 11/02/2005 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 08/11/2015 |
| Priority: | Standard | Application Received: | 08/27/2015 |

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: 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 51 year old male who sustained an injury on 11-2-05. Diagnoses include status post lumbar fusion at L5-S1 (4-16-07); lumbar revision surgery (6-23-10; right sacroiliac fusion (7-5-12); status post C5-C6 disk replacement and Ct-C7 disectomy and fusion 11-6-12; erectile dysfunction due to chronic pain; left shoulder pain. Testing included MRI left shoulder 8-7-13; MRI cervical spine 2-21-12; and Electromyogram of the left upper extremity on 9-16-13 was within normal limits. Medical records from 4-8-15 through 6-3-15 reports ongoing neck and low back pain and prescribe Lunesta 3 mg at night. He does not report any adverse side effects or aberrant behaviors. The examination on 2-11-15 indicates that when he takes Lunesta he gets 6-7 hours of solid sleep and without the Lunesta he gets 1-2 hours of sleep and is constantly waking up tossing and turning secondary to pain. 7-29-15 examination he is complaining of neck and back pain without any radiating symptoms at this exam. Medications are Morphine Sulfate 15 mg; Norco 1-325 mg; Cialis 20 mg; Zoloft 100mg; Lunesta 3 mg every night. Current requested treatments retrospective Lunesta 3 mg #30 with 1 refill modified to Lunesta 3 mg #15 with no refill ordered on 6-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lunesta 3mg #30 with 1 refill ordered on 06/03/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 07/15/15) Online Version.

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, 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's sleep disturbance is secondary to pain. There is no mention of failure of behavioral interventions or improved pain control alternatives. Long-term use of Lunesta is not recommended. The claimant was on Lunesta for several months. The Lunesta on 6/3/15 is not medically necessary.