

Case Number:	CM15-0182371		
Date Assigned:	09/23/2015	Date of Injury:	02/20/2014
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 25-year-old male with an industrial injury date of 02-20-2014. Medical record review indicates he is being treated for cervical 4-7 moderate facet arthropathy bilateral, lumbar 3-5 facet arthropathy and left knee internal derangement. Subjective complaints (08-14-2015) included neck pain rated as 7 out of 10, left knee pain rated as 5 out of 10 and lower back pain rated as 8 out of 10 without medications. The treating physician documented: "The patient was provided with samples of Lunesta on his last evaluation which he found beneficial." "The patient will be provided with a new prescription for Lunesta 3 mg 1 by mouth at bedtime # 30 with three refills to help with sleep interrupted by pain." Work status (08-14-2015) is "modified duty." In prior progress note (03-20-2015), the treating physician noted the injured worker had difficulty sleeping due to pain. His medications at the 03-20-2015 visit were listed as "anti-inflammatories and sleeping pills." He was given a prescription for Zanaflex, Anaprox and Tylenol # 3 at the 03-20-2015 visit. Prior treatment included "sleeping pills." Physical examination (08-14-2015) revealed tenderness of the paracervical muscles and tenderness over the base of the neck. Cervical range of motion was decreased with pain. There was tenderness of the paravertebral muscles bilaterally. Lumbar range of motion was decreased. Urine drug screen was done on 08-14-2015 and was negative for Codeine. The injured worker's medications are listed as Codeine and Zanaflex on the drug screen. The treatment request is for Lunesta 3 mg. On 08-26-2015 the request for Lunesta 3 mg # 30 with 3 refills was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg: 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 and Mental Illness & Stress Chapters.

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 and stress.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Lunesta. According to the ODG, Mental Illness and stress chapter, Lunesta is, "Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers." In this case, the request is for a three-month supply of Lunesta, which exceeds the recommendations of the guidelines. Therefore, the determination is not medically necessary.