

Case Number:	CM15-0182741		
Date Assigned:	09/23/2015	Date of Injury:	06/04/2009
Decision Date:	11/06/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/17/2015

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 neck and low back pain reportedly associated with an industrial injury of June 4, 2009. In a Utilization Review report dated August 31, 2015, the claims administrator partially approved a request for Lunesta. An RFA form received on August 24, 2015 and a progress note dated July 7, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On September 1, 2015, the applicant's psychiatrist noted that the applicant had ongoing issues with major depressive disorder, recurrent and severe, superimposed on issues with panic disorder without agoraphobia. Klonopin and Lunesta were renewed and/or continued. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working. On July 7, 2015, the applicant reported worsening mental health symptoms. The applicant was receiving Social Security Disability Insurance (SSDI) benefits, it was acknowledged. Trigger point injections were seemingly performed while Ambien, Lunesta, Klonopin and Effexor were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Eszopiclone (Lunesta).

Decision rationale: No, the renewal request for Lunesta, a sedative agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of applicant-specific variable such as other medications into his choice of recommendations. Here, however, the attending provider's failure to furnish a clear or compelling rationale for concurrent usage of so many different sedative and/or anxiolytic medications to include Klonopin, Lunesta, and Ambien, all of which the applicant was seemingly described as using as of office visit of July 7, 2015 and August 4, 2015. ODG's Mental Illness and Stress Chapter Eszopiclone topic further 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 60 tablets of Lunesta, thus, was at odds with both page 7 of MTUS Chronic Pain Medical Treatment Guidelines and with ODGs Mental Illness and Stress Chapter Eszopiclone topic. Therefore, the request was not medically necessary.