

Case Number:	CM15-0184771		
Date Assigned:	09/25/2015	Date of Injury:	06/20/2005
Decision Date:	11/02/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/21/2015

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 female who sustained an industrial injury on 6-20-05. Diagnoses are noted as discogenic lumbar condition with facet inflammation noted at L4-L5 and L5-S1 with radicular component on lower extremities, nerve studies have been unremarkable, disc disease noted at L4-L5 and L5-S1, left ankle and leg pain and paresthesia, and chronic pain syndrome. Previous treatment includes MRI lumbar spine, epidural injection, medications including Trazadone for insomnia since 6-17-14. In a progress report dated 8-14-15, the physician notes she takes her medications to be functional. It is noted she has difficulty sleeping and Lunesta has been helpful. A recent MRI of the lumbar spine is reported to show multilevel hypertrophic facet changes as well as degenerative changes at L4-L5 and L5-S1. Objective findings reveal tenderness across the lumbar paraspinal muscles, pain along the facets and pain with facet loading in bilateral L4-S1. Also noted is pain across the low back with any flexion or extension. Work status is that she is currently off work. The treatment plan includes Norco, Protonix, Topamax, Lunesta, and Nalfon. A request for authorization is dated 8-14-15. The requested treatment of Lunesta 2mg #30 was denied on 8-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30: 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 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 sustained a work injury in June 2005 and is being treated for low back pain with lower extremity radiating symptoms. In July 2015, she was having persistent low back pain with muscle spasms and stiffness. She needed refills on medications for pain and sleep. There was lumbar and facet tenderness with positive facet loading. Trazodone and Remeron had been ineffective and Lunesta was prescribed. In August 2015, she was still having difficulty sleeping. Lunesta was helping and was refilled. Her BMI is over 34. 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 nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The continued prescribing of Lunesta (eszopiclone) is not medically necessary.