

Case Number:	CM15-0184836		
Date Assigned:	09/25/2015	Date of Injury:	09/06/2014
Decision Date:	11/02/2015	UR Denial Date:	09/19/2015
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:

This injured worker is a 29 year old female, who sustained an industrial injury on 09-06-2014. The injured worker was diagnosed as having left shoulder pain, neck pain, myofascial pain syndrome, left rotator cuff syndrome, and chronic pain syndrome. On medical records dated 09-08-2015 and 08-10-2015, the subjective complaints were noted as having reduced pain and by 50% with use of Cymbalta and Lunesta due to being able to sleep better. The injured worker reported that Cymbalta and Lunesta has helped in reduction of other medication use. Objective findings were noted as tenderness of palpation left trapezius, left shoulder flexion 160 degrees and abduction was 110 degrees with a negative Spurling's was noted. The injured worker was noted to be able to return to work on modified duty. Current medications were listed as Methocarbamol, APAP-codeine, Duloxetine, Eszopiclone and Nabumetone on 08-10-2015. The Utilization Review (UR) was dated 09-19-2015. A Request for Authorization was dated 09-08-2015 for Lunesta 1 mg #30 and Cymbalta 30mg #30. The UR submitted for this medical review indicated that the request for Retrospective Lunesta 1mg #30 (DOS 9/8/15) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lunesta 1mg #30 (DOS 9/8/15): 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).

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 September 2014 occurring while throwing out waste bags with injury to the left knee and shoulder and low back. She was seen for an initial evaluation by the requesting provider on 08/11/15. Treatments had included physical therapy and medications. She was having awakening 3-4 times at night. Review of systems was positive for anxiety. Her BMI was nearly 34. There was decreased upper extremity sensation and left upper extremity strength. There was cervical, shoulder, and trapezius tenderness. Shoulder range of motion was decreased. Spurling and shoulder impingement tests were positive. Medications were prescribed. In September 2015, she had improved sleep with Cymbalta and Lunesta. She had been able to discontinue her other medications. 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.