

Case Number:	CM15-0189949		
Date Assigned:	10/02/2015	Date of Injury:	01/29/2010
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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: North Carolina
 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 63 year old female, who sustained an industrial injury on 1-29-10. The injured worker was diagnosed as having internal derangement left shoulder; left knee internal derangement; left elbow injury. Treatment to date has included status post bilateral knee surgery; physical therapy; medications. Currently, the PR-2 notes dated 8-18-15 is hand written and difficult to decipher. The notes appear to indicate the injured worker complains of sleeping problems due to pain [illegible unable to decipher the next portion of the note]. Subjective complaints are documented in hand writing and possible indicate: "Both Shoulders, Left knee, Left Elbow, Left Hips and Right Knee, Left Ribs, Stomach, left and right shoulders have pain at times at inside joint unable to go all the way up and down arms. Left knee is doing better, pain at times; left elbow numbness in hand and fingers when arm is bent; left and right hips have ache and pain with [no able to decipher] standing and long walks; right knee is still healing, have pain unable to sleep due to both knees and legs; ribs still hurt in a twisted position; stomach is doing better, but hurts at times." The provider notes is objective findings as "Slow partially guarded, tender at right more than left, both knees to do 5 degrees to full extension, weakness of right grind L4-5 at last secondary to pain (partially)." The injured worker is a status post bilateral knee surgery and has had post-operative physical therapy but no dates for these services. Per PR- 2 notes dated 6-2-15, the provider prescribed Lunesta and discontinued Ambien on this date. A Request for Authorization is dated 9-14-15. A Utilization Review letter is dated 8-27-15 and non-certification was for Lunesta Tab 3 MG #30. A request for authorization has been received for Lunesta Tab 3 MG #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta Tab 3 MG #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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore, the request is not medically necessary.