

Case Number:	CM15-0190626		
Date Assigned:	10/02/2015	Date of Injury:	01/06/2011
Decision Date:	11/16/2015	UR Denial Date:	08/31/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on 1-6-2011. A review of the medical records indicates that the injured worker is undergoing treatment for hypertension, status post myocardial infarction, gastropathy, fibromyalgia, cervical spine and lumbar spine radiculopathy, and insomnia. The Primary Treating Physician's report dated 8-24-2015, noted the injured worker had been chest pain free and had not used the nitroglycerin complaining of insomnia, feeling stressed. The injured worker was noted to have lost 25 pounds the previous year due to stress. The physical examination was noted to show a normal sinus rhythm, the lung clear, and no abdominal tenderness. The injured worker's current medications were noted to include Lunesta, Metoprolol, Omeprazole, Lipitor, and Zantac. Prior treatments have included physical therapy, neck epidural injections, cardiac stent, TENS, bracing, and medications including Olanzapine, Diclofenac, Aspirin, Alprazolam, Acetaminophen, and Mirtazapine. The 3-5-2015 AME report included the following notations; on 11-20-2012, the injured worker was noted to have a sleep disorder, on 3-18-2013, the injured worker was noted to have insomnia and a sleep apnea disorder, and on 6-17-25, 2013, the injured worker underwent a sleep study, noted to have a complex sleep disorder and severe sleep apnea documented by a polysomnogram. The request for authorization dated 8-24-2015, requested Lunesta 3 mg #30. The Utilization Review (UR) dated 8-31-2015, non-certified the request for Lunesta 3 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Insomnia treatment, Pain chapter, under Eszopicolone.

Decision rationale: The patient presents on 08/24/15 with insomnia and stress. The patient's date of injury is 01/06/11. The request is for LUNESTA 3MG #30. The RFA is dated 08/24/15. Physical examination dated 08/24/15 is unremarkable. The patient is currently prescribed Lunesta, Zantac, Omeprazole, Lipitor, and Mirtazapine. Patient's current work status is not provided. ODG Pain Chapter, under Insomnia treatment states: Recommend that treatment be based on the etiology, with the medications recommended below. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. ODG Pain chapter, for Eszopicolone (Lunesta) states: Not recommended for long-term use, but recommended for short-term use. In regard to the request for Lunesta, the requesting provider has exceeded guideline recommendations. Progress notes do not indicate that this patient has taken Lunesta to date. While MTUS does not discuss this particular medication, ODG only supports short-term use (7-10 days). The request for 30 tablets does not imply the intent to limit this medication's use to 7-10 days and cannot be substantiated. Therefore, the request IS NOT medically necessary.