

Case Number:	CM15-0190686		
Date Assigned:	10/02/2015	Date of Injury:	02/12/2002
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
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: 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 is a 72 year old male who sustained a work-related injury on 2-12-02. Medical record documentation on 8-13-15 revealed the injured worker was being treated for post laminectomy syndrome of the cervical spine and post laminectomy syndrome of the lumbar spine, cervicalgia, lumbar radiculopathy, peripheral neuropathy, chronic pain syndrome and depression-anxiety. He reported pain in the bilateral legs, neck, bilateral buttocks, thoracic spine, abdomen and bilateral low back. His medication regimen continued to be helpful in increasing daily function with side effects. A sleep assessment revealed that after the lights were out it took more than 2 hours for the injured worker to go to sleep. He awakened on average 8 times per night. His medication regimen included Norco 10-325 mg, Lunesta 2 mg (since at least 3-12-15) Linzess 290 mcg, Lidoderm 5% patch, Constulose 10 gm, Baclofen 10 mg, Clonazepam 10 mg, Amitiza 24 mcg, Omeprazole 20 mg and Fentanyl 4000 mcg. He had pain pump with refill of Fentanyl. On 9-2-15, the Utilization Review physician modified Lunesta 2 mg #30 to Lunesta 2 mg #20.

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), Mental Illness and Stress - Eszoicolone (Lunesta).

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 has a remote history of a work injury occurring in February 2002 when he slipped and fell on a concrete deck landing on his back on a stairwell. He is being treated for chronic pain including diagnoses of post laminectomy syndrome of the cervical spine and post laminectomy syndrome of the lumbar spine and has a history of three cervical and five lumbar surgeries. Current treatments include an intrathecal drug delivery system. Lunesta has been prescribed since at least May 2015. Diagnoses include depression and anxiety. When seen, he had continued delayed sleep onset of two hours and was awakening on average eight times per night. Minimal physical examination findings were recorded. Prior examinations document positive straight leg raising and a body mass index over 28. 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. Lunesta appears ineffective in treating his sleep disturbances. The continued prescribing of Lunesta is not medically necessary.