

Case Number:	CM15-0195205		
Date Assigned:	10/09/2015	Date of Injury:	12/12/2013
Decision Date:	11/25/2015	UR Denial Date:	09/27/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for psychological stress and insomnia reportedly associated with an industrial injury of September 12, 2013. In a Utilization Review report dated September 27, 2015, the claims administrator failed to approve a request for Lunesta while approving a request for Xanax. The claims administrator referenced a July 20, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On August 21, 2015, the treating provider apparently appealed the medication denials in a highly templated manner, without much in the way of an applicant-specific rationale. On July 22, 2015, it was acknowledged that the applicant had ongoing issues with psychological fatigue and energy depletion. Psychotropic medication selection was not seemingly discussed, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg, #30 with 2-refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress, Eszopiclone (Lunesta).

Decision rationale: No, the request for Lunesta, a sedative agent, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODGs Mental Illness and Stress Chapter Eszopiclone topic notes that Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, thus, the 30-tablet, 2-refill supply of Lunesta at issue represented treatment, which ran counter to ODGs positions against long-term usage of Lunesta (Eszopiclone). Therefore, the request was not medically necessary.