

Case Number:	CM15-0196404		
Date Assigned:	10/12/2015	Date of Injury:	02/04/2015
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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:

The injured worker is a 34 year old male who sustained an industrial injury on 02-04-2015. Medical records indicated the worker was treated for pain in the low back, right knee, right leg and pelvis. In the provider notes of 09-15-2015, the injured worker complains of aching, burning and throbbing pain that radiated to the left thigh and was associated with cramps, muscle spasms, and numbness in the right lower extremity with tingling and weakness. Prolonged sitting, standing, walking, and pulling aggravated the pain and medication, rest, and heat relieve the pain. The worker is taking Naproxen for pain which decreases his pain from an 8 on a scale of 0-10 to a 6. Other medications include Cyclobenzaprine, Lidopro, and Lunesta. The worker complains of constipation with the medications for which he was given Mirlax, and heartburn that was relieved with pantoprazol. He also complained of difficulty falling asleep with poor quality of sleep. On examination, the worker had an antalgic gait and used a cane. There was spinous process tenderness T10-T12, and L4 and L5. Lumbar range of motion was restricted due to pain. Lumbar paravertebral muscle spasm and tenderness with a taunt band were noted bilaterally. Lumbar facet loading was positive bilaterally. Straight leg raise was positive on the left side at 45 degrees in the sitting position. Tenderness was noted over the sacroiliac joint. Hyperesthesia was noted over the medial-lateral calf on the right. The worker has taken Lunesta to help him sleep, however it takes effect within 2 hours. A request for authorization was submitted for Lunesta tab 1 mg Qty 30. A utilization review decision 09-25-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta tab 1 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 February 2015 when he fell from scaffolding with an injury to the lumbar spine and right knee. He was seen for an initial evaluation by the requesting provider in May 2015. He was having low back, right knee, and left-sided pelvic pain. He was having difficulty falling and staying asleep and was waking up due to pain. Physical examination findings included decreased lumbar lordosis. There was decreased and painful lumbar spine range of motion with paravertebral muscle tenderness, spasms, and tight muscle bands. There was spinous process tenderness. He had positive facet loading and straight leg raising was positive. There was sacroiliac spine tenderness. There was decreased and painful knee flexion with joint line, patellar, and iliotibial band tenderness. There was decreased lower extremity strength and sensation. Medications were prescribed including Lunesta. He was referred for chiropractic treatments. In September 2015 he had pain rated at 8/10. He had continued poor quality of sleep. There was a mildly antalgic gait with use of a cane. Medications were cyclobenzaprine, Lidopro, Lunesta, Naproxen, and Pantoprazole and were continued. He was referred for aquatic therapy. The claimant's body mass index is over 26. 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 claimant has difficulty sleeping due to pain. Further treatment of the claimant's night time pain and conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, and cardiac and pulmonary conditions, if present, should be identified and treated directly. The continued prescribing of Lunesta (eszopiclone) is not medically necessary.