

Case Number:	CM15-0201011		
Date Assigned:	10/16/2015	Date of Injury:	04/17/2002
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/13/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 48 year old male, who sustained an industrial injury on 04-17-2002. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic pain syndrome, post lumbar laminectomy syndrome, myospasms, and degenerative disc disease of the lumbar spine. Medical records (04-14-2015 to 09-16-2015) indicate ongoing low back pain. Pain levels were rated 6-9 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The PR, dated 09-16-2015, reported increased pain and no difficulty with sleep, and the physical exam revealed an appearance of discomfort and acute distress, depressed mood, tenderness over the lumbar and thoracic spines with muscle spasms, painful and restricted range of motion in the lumbar spine, positive straight leg raises on the right, and an antalgic gait. Relevant treatments have included: lumbar fusion, physical therapy (PT), acupuncture, chiropractic treatments, trigger point injections, work restrictions, and medications (Lunesta since 04-2015). The IW reported that the Lunesta was allowing for about 50% better sleep. The PR and request for authorization (09-16-2015) shows that the following medication was requested: Lunesta 3mg #120. The original utilization review (09-25-2015) non-certified the request for Lunesta 3mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Treatment in Workers' Compensation.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Lunesta. According to the ODG, Mental Illness and stress chapter, Lunesta is, "Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers." In this case it has been over 2 months post-injury and thus the ODG guidelines do not support the use of Lunesta. Therefore the determination is not medically necessary.