

Case Number:	CM15-0201090		
Date Assigned:	10/16/2015	Date of Injury:	10/21/2008
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
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: Montana, Oregon, Idaho
 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 53 year old female, who sustained an industrial injury on 10-21-08. The documentation on 9-17-15 noted that the injured worker has complaints of ongoing right knee pain which is tolerable right now and lower back pain with radiation into the right left. The injured worker reports that her back pain is present all the time, but is severe with being in one position for long times. The injured worker has complaints of ongoing difficulty with sleep and notes that lunesta helps her sleep up to 7 hours. Lumbar spine X-ray showed multilevel facet changes. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included lunesta; norco; prilosec; massages of self procured basis and finds it beneficial and home exercise program and stretching exercises daily. The original utilization review (9-29-15) non-certified the request for lunesta 1mg at bedtime as needed #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg at bedtime as needed #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, Pain.

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.

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 the worker was injured in 2008. The indications for using Lunesta, according to the guidelines, are for the first 2 months after injury. Long term use is not recommended. According to the records the injured worker has prescribed hypnotics for at least 5 years. Therefore the request does not meet the criteria set forth in the guidelines and is therefore not medically necessary.