

Case Number:	CM15-0202477		
Date Assigned:	10/19/2015	Date of Injury:	04/08/2010
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/14/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on 04-08-2010. A review of the medical records indicates that the worker is undergoing treatment for lumbar degenerative joint disease, lumbago, right hand and thumb osteoarthritis, major depressive disorder and somatic symptom disorder. Subjective complaints (06-25-2015 and 08-27-2015) included 8 out of 10 pain without medications and poor sleep quality. There was no discussion of sleep hygiene or other measures attempted to improve sleep and the effectiveness of those measures. Objective findings (06-25-2015 and 08-27-2015) included an antalgic gait, decreased range of motion of the lumbar spine due to pain, spasm to palpation of the lumbar paravertebral muscles, positive lumbar facet loading bilaterally, positive FABER and pelvis compression tests, coccygeal tenderness, tenderness to palpation over the hypothenar eminence of the right hand with swelling over the CMC joint, motor testing limited by pain and decreased sensation to light touch over the lateral foot and both sides. Treatment has included Neurontin, Ambien, Nucynta, Wellbutrin and pain coping skills group. On 08-27-2015, the physician noted that Ambien (which was prescribed since at least 04-2015) would be discontinued due to no longer being effective and that a trial of Lunesta would be requested to take as needed for sleep disturbance secondary to pain. With use, she was noted to be able to sleep 3 hours uninterrupted vs. only sleeping an hour at a time without. A utilization review dated 09-16-2015 non-certified a request for Lunesta 2 mg #25.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg # 25: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Insomnia medications are indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used Ambien for several months prior . The etiology of sleep disturbance was not defined or further evaluated. Although, Lunesta may be used for a longer term than Ambien, long-term use of insomnia medications is not recommended and the Lunesta is not medically necessary.