

Case Number:	CM15-0206010		
Date Assigned:	11/19/2015	Date of Injury:	01/28/2002
Decision Date:	12/31/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/20/2015

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: Florida

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 55 year old male, who sustained an industrial injury on 1-28-2002. The injured worker was being treated for cervical and lumbar discopathy with disc displacement, lumbar radiculopathy, and bilateral sacroiliac arthropathy. The injured worker (8-1-2015 and 9-8-2015) reported ongoing insomnia due to chronic pain. The objective findings (8-1-2015 and 9-8-2015) included musculoskeletal and neurological exams, which did not address the injured worker's insomnia. There was no documentation of sleep hygiene: waking at the same time every day, maintaining a consistent bedtime, exercising regularly (not within 2 to 4 hours of bedtime), performing relaxing activities before bedtime, keeping his bedroom quiet and cool, do not watch the clock, avoiding caffeine and nicotine for at least six hours before bed, only drinking in moderation, and avoiding napping. There was no documentation of insomnia: sleep onset, sleep maintenance, sleep quality, and next-day functioning. Treatment has included sleep medication (Lunesta since at least 8-2015). Per the treating physician (9-8-2015 report), the injured worker has not returned to work. The requested treatments included Lunesta 2mg. On 10-5-2015, the original utilization review non-certified a retrospective request for Lunesta 2mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30 (retrospective dos: 09/08/2015): 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), Pain (Chronic), Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online 2015-Sedative Hypnotics-Lunesta.

Decision rationale: The California MTUS guidelines are silent regarding the issue of sleep aids. Therefore, the ODG was referenced. The ODG specifically states regarding Lunesta that this medication is not recommended for long term use. This patient has been on this medication for longer than 6 months, and likewise, weaning has now been appropriately recommended. Therefore, this request for Lunesta is not medically necessary.