MAXIMUS Federal Services

Case Number:	CM15-0207402		
Date Assigned:	10/26/2015	Date of Injury:	09/18/2014
Decision Date:	12/11/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/21/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 42-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of December 18, 2014. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve a request for Lunesta. The claims administrator referenced a June 15, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated September 16, 2015, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck, shoulder, and wrist pain. The applicant was placed off of work, on total temporary disability. Both Ambien and Lunesta were seemingly endorsed on this date. On an earlier note dated September 9, 2015, the applicant was placed off of work, on total temporary disability owing to ongoing complaints of neck and shoulder pain. No seeming discussion of medication selection or medication efficacy transpired. On July 23, 2015, the applicant was given a prescription for Ambien for pain-induced insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Eszopicolone (Lunesta).

Decision rationale: No, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines notes that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider failed to furnish a clear or compelling rationale for what was characterized as concurrent usage of two separate sedative agents, Ambien and Lunesta. The 30-tablet supply of Lunesta at issue, moreover, seemingly represented treatment in excess of ODG's Mental Illness and Stress Chapter Eszopiclone Topic, which likewise notes that Lunesta is not recommend for long-term use purposes, but, rather, should be reserved for short-term use purposes. Therefore, the request is not medically necessary.