

Case Number:	CM15-0207754		
Date Assigned:	10/26/2015	Date of Injury:	10/02/2003
Decision Date:	12/07/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

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: North Carolina

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 67 year old male, who sustained an industrial injury on 10-2-03. The documentation on 8-23-15 noted that the injured worker has complaints of chronic left knee pain due to degenerative osteoarthritis. The documentation noted that the injured worker has poor sleep quality due to the chronic pain which is worse at night. The injured worker goes to bed around 8.30pm and says the lunesta helps some and he is up at about 2 to 3 am, gets up, walks around and has difficult going back to sleep. The injured worker rates his sleep level at a 4 out of 10. The diagnoses have included insomnia persistent due to chronic pain; chronic left knee pain due to degenerative osteoarthritis; chronic left knee pain, myofascial pain syndrome and pain disorder with psychological and general medical condition. Current medications were listed at MS contin; Norco; lunesta; prilosec and soma. The documentation noted that the injured worker has been on lunesta since at least 2-30-15. The original utilization review (10-12-15) non-certified the request for 30 lunesta 3mg with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Lunesta 3mg with 3 refills: 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) Mental Illness & Stress: Eszopicolone (Lunesta) (2015); ODG Pain Chronic: Insomnia treatment (2015).

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

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore the request is not medically necessary.