

Case Number:	CM15-0208457		
Date Assigned:	10/27/2015	Date of Injury:	05/06/2013
Decision Date:	12/08/2015	UR Denial Date:	09/24/2015
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: 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 62 year old female, who sustained an industrial injury on 5-6-2013. Diagnoses include right rotator cuff tear, right shoulder impingement syndrome, right shoulder muscle spasm, right shoulder pain and right shoulder sprain. Treatments to date include activity modification, medication therapy, and physical therapy. On 9-16-15, she complained of ongoing pain in the right shoulder, associated with heaviness. Pain was noted to decrease 20% with medications. Current medications included Protonix, Tramadol and Cyclobenzaprine. The physical examination documented decreased range of motion, tenderness and positive impingement signs. The plan of care included a new prescription for Lunesta 2mg #30. The records submitted for this review did not include any subjective or objective information regarding the need for the new prescription. The appeal requested authorization for Lunesta 2mg #30. The Utilization Review dated 9-24-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 mg, QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain, Section: Insomnia Treatment.

Decision rationale: The Official Disability Guidelines comment on the treatment of insomnia. These guidelines recommend that treatment be based on the etiology. 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. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Pharmacologic Treatment: There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & melatonin receptor agonists; & (4) Over-the-counter medications. The majority of studies have only evaluated short-term treatment (i.e., 4 weeks) of insomnia; therefore, more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. In 2007, the FDA requested that manufacturers of all sedative-hypnotic drugs strengthen product labeling regarding risks (i.e., severe allergic reactions and complex sleep-related behaviors, such as sleep driving). It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next day functioning. The requested medication, Lunesta, is in the non- benzodiazepine category. In this case, there is insufficient documentation that the patient has undergone an assessment for the underlying etiology of her insomnia. Further, as the insomnia has exceeded the 7-10 day requirements of the guidelines, it is unclear whether potential medical and/or psychiatric issues have been addressed. The records indicate that Lunesta is being used as a chronic treatment for this patient's insomnia. Only short-term use of pharmacologic agents is recommended in these above cited guidelines. For these reasons, Lunesta is not medically necessary.