

Case Number:	CM15-0021500		
Date Assigned:	02/11/2015	Date of Injury:	11/27/2009
Decision Date:	04/07/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/04/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female who reported an injury on 11/27/2009. The mechanism of injury occurred when she hit her head on the doorframe while entering her truck. Her diagnoses include lumbar spondylolisthesis, spinal stenosis, instability, radiculopathy, and disc herniation. Her past treatments included surgery, physical therapy, chiropractic treatment, injections, TENS unit, acupuncture, cognitive behavioral therapy, pain management, and medications. On 11/17/2014, the injured worker complained of sleep disturbance, diminished energy, negative thinking, and avoidance. The examination revealed physical discomfort with impaired mental status. The treatment plan included individual psychotherapy. Her relevant medications were not noted for review. The treatment plan included Lunesta tab 2 mg #30 and Flexeril 10 mg #60. The rationale was not provided for review. A Request for Authorization Form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta Tab 2 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Benzodiazepines Page(s): 24.

Decision rationale: The request for Lunesta Tab 2 MG #30 is not medically necessary. The California MTUS Guidelines states benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines also state this medication should be limited to 4 weeks of use. The injured worker was indicated to have been prescribed Lunesta. However, the guidelines do not support the use of benzodiazepines due to unproven efficacy and the potential for dependence. Furthermore, the guidelines state that the medication should be limited to 4 weeks of use. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.