

Case Number:	CM15-0021757		
Date Assigned:	02/11/2015	Date of Injury:	04/17/2013
Decision Date:	03/27/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/05/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 38 year old male, who sustained an industrial injury on 04/17/2013. He fell through a skylight 20 feet sustaining a fractured mandible and multiple other injuries, from which continues to suffer chronic pain. He has undergone surgical repair of the right mandible (ORIF), knee surgeries, has undergone home exercise, and has pain management. A psychological evaluation of 07/17/14 reported that the patient developed depression and anxiety secondary to his industrial injury, and sleep disturbance in onset and maintenance. Sleep was disrupted due to pain. He was diagnosed with anxiety not otherwise specified, depression otherwise specified, and pain disorder associated with general medical and psychological factors. The IW indicated that he was interested in non-pharmacologic interventions and he was described as highly motivated towards a functional restoration program. Pain is consistently reported as 10/10 through notes of 12/19/14. Rozarem and Remeron are documented in a progress note of 09/23/14 with no further reference. Progress notes of 12/5/14 and 12/19/14 show that Lunesta 3mg #20 was prescribed but there are no reports regarding its efficacy. The patient dated 12/19/2014, the injured worker presented with complaints of bilateral shoulder pain, chest wall pain, thoracic pain, knee pain, lower back pain, and heel pain. The treating physician reported increased pain in the injured worker's back is causing more difficulty sleeping. Medications included Norco, Naproxen, and Flector patch. Utilization Review determination on 01/09/2015 non-certified the request for Lunesta 3 mg #20 for 30 days citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #20 for 30 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter and Mental Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Lunesta. Official Disability Guidelines - Pain - Insomnia treatment. Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. (2) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA a

Decision rationale: The patient suffers from sleep onset and maintenance disturbance secondary to his chronic pain. Lunesta is the only nonbenzodiazepine which is FDA approved for use longer than 35 days, however no documentation has been provided to show that it has been effective in this patient. Non-sedating antidepressants (e.g. Trazodone) are commonly used in the community and may be an option as this patient has a coexisting diagnosis of depression not otherwise specified. Nonpharmacologic options treatment does not appear to have been addressed, e.g. sleep hygiene, progressive muscle relaxation, etc. This request is therefore non-certified.