MAXIMUS Federal Services

Case Number:	CM15-0022539		
Date Assigned:	02/12/2015	Date of Injury:	04/21/2011
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/06/2015

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 52-year-old male who reported an injury on 04/21/2011. The mechanism of injury was not provided. The injured worker had an MRI and an EMG. Prior therapies included medication and physical therapy. The documentation of 12/30/2014 revealed the injured worker was in the office for evaluation of back and right hip pain. The current medications included Lunesta 3 mg, Percocet 10/325 mg 6 per day, morphine sulfate 15 mg twice a day, Neurontin 800 mg 1 by mouth 3 times a day, and Colace 100 mg 3 to 4 times a day. The physical examination findings revealed a positive faber test. The diagnoses included chronic right hip joint pain, status post right hip arthroscopic surgery on 10/09/2012, chronic low back pain, and EMG of the right lower extremity within normal limits. The treatment plan included a prescription of Lunesta 3 mg in place of Ambien. The documentation of 01/21/2015 by way of an appeal, indicated the medication Lunesta was recommended as the injured worker was complaining of problems with sleep latency and sleep maintenance, and the physician documented Lunesta was studied for longer than 35 days, implying it could be used for a longer term. The physician documented that the prescription was for a short term. The physician further indicated it would not be used on a monthly basis. The documentation of 01/27/2015 revealed the injured worker had continuing low back pain and right hip pain. The injured worker indicated Lunesta was not helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg Q.H.S #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia Treatment.

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

Decision rationale: The Official Disability Guidelines do not recommend the use of eszopiclone for long term use. The clinical documentation submitted for review indicated the injured worker would trial the medication in place of Ambien. However, there was a lack of documentation indicating a necessity for a 1 month trial as the medication is recommended for short term use, up to 10 days. Given the above, and the lack of documentation, the request for Lunesta 3mg Q.H.S #30 is not medically necessary.