

Case Number:	CM15-0028396		
Date Assigned:	02/19/2015	Date of Injury:	05/04/2001
Decision Date:	04/06/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/12/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old female sustained a work related injury on 05/04/2001. According to a progress report dated 11/06/2014, the injured worker complained of depression and tearfulness. The report stated that the injured worker would undergo back surgery. Diagnoses included psychological factor affecting medical condition, insomnia type sleep disorder due to pain and major depressive disorder moderate. Medications included Cymbalta, Klonopin and Lunesta for insomnia. On 01/12/2015, Utilization Review modified 1 prescription of Lunesta 3mg #35. According to the Utilization Review physician, the injured worker had been utilizing this medication since 2013. Official Disability Guidelines states long term use of Lunesta as chronic use can be habit forming and actually increase complaints of pain and depression. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lunesta 3mg #35: Upheld

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

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: Guidelines recommend Lunesta for short term treatment of insomnia. In this case, the patient was on Lunesta since 2013 with evidence of declining efficacy. Since Lunesta is not recommended for long term use and since its efficacy was declining in this patient, the request for Lunesta 3mg #35 is not medically necessary and appropriate.