

Case Number:	CM15-0212688		
Date Assigned:	11/02/2015	Date of Injury:	10/19/2011
Decision Date:	12/18/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/28/2015

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: Florida

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 male, who sustained an industrial injury on 10-19-2011. The injured worker is undergoing treatment for: right shoulder, lumbar and cervical spine pain. On 9-10-15, he reported pain to the neck, back and right shoulder. He indicated he was not sleeping well. Objective findings revealed notation of "pain when he sits, stands, and walks". There is no assessment of sleep hygiene. On 10-8-15, he reported pain to the neck, back, and right shoulder. He rated his pain 5 out of 10 for the lumbar spine and 8 out of 10 for the neck. He indicated he had radiating pain into this leg with numbness and tingling, and radiating pain into the elbow with associated numbness, tingling and headaches. Objective findings revealed decreased neck range of motion, tenderness in the neck, trapezii, and shoulder girdle, tenderness in the facets, positive facet loading, decreased lumbar range of motion, and tenderness in the facets and positive facet loading. The provider noted a sleep disorder related to chronic pain and element of depression. There is no discussion of cognitive behavioral therapy or current sleep assessment. The treatment and diagnostic testing to date has included: QME (9-27-12), multiple sessions of chiropractic therapy, magnetic resonance imaging of the lumbar spine (March 2012), TENS. Medications have included: Neurontin, Flexeril, naproxen, and Ultracet, Celebrex, Aciphex, maxalt, effexor and Lunesta. The records indicate he has been utilizing Lunesta since at least September 2015, possibly longer. Current work status: modified. The request for authorization is for: Lunesta 2mg quantity 30. The UR dated 10-19-2015: non-certified the request for Lunesta 2mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online 2015-Sedative Hypnotics-Lunesta.

Decision rationale: The California MTUS guidelines are silent regarding the issue of sleep aids. Therefore, the ODG was referenced. The ODG specifically states regarding Lunesta that this medication is not recommended for long term use. This patient has been on this medication for longer than 6 months, and likewise, weaning has now been appropriately recommended. Therefore, this request for Lunesta is not medically necessary.