MAXIMUS Federal Services

Case Number:	CM15-0217507		
Date Assigned:	11/09/2015	Date of Injury:	10/05/2001
Decision Date:	12/28/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/04/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [redacted] who has filed a claim for chronic neck, elbow, hand, and shoulder pain reportedly associated with an industrial injury of October 5, 2001. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve a request for Lunesta. The claims administrator referenced an August 18, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 18, 2015 office visit, the applicant reported ongoing issues with chronic low back pain, depression, insomnia, and groin pain. Zegerid, Linzess, Lunesta, Norco, and Xanax were all seemingly endorsed. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta Tab 3 mg #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), Pain Chapter, Eszopicolone (Lunesta).

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

Decision rationale: No, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider failed to furnish a clear or compelling rationale or explanation for concurrent usage of two separate sedative agents, Lunesta and Xanax, particularly in light of the fact that ODGs Mental Illness and Stress Chapter Eszopiclone topic notes that Lunesta, i.e., the agent at issue, is not recommended for the long-term use purposes for which it was seemingly proposed here. Therefore, the request was not medically necessary.