MAXIMUS Federal Services

Case Number:	CM15-0030837		
Date Assigned:	02/24/2015	Date of Injury:	06/15/1996
Decision Date:	04/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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: Colorado
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 56 year old male, who sustained an industrial injury on May 15, 1996. The diagnoses have included low back pain, thought to be discogenic, myofascial and facet mediated. Patient is status post right knee arthroscopic surgery for ACL laxity with allograft tendon repair, status post right knee contusion, status post release, carpal tunnel bilateral, status post-surgery bilateral shoulder rotator cuff tears, bilateral intra-articular injury, status post TKR with post-operative complications of poorly controlled diabetes type II and polypharmacy, status post left ankle injury, status post thoracic spine compression fracture, status post L4-5 disc herniation, lumbosacral spine, with significant ongoing interarticular knee pain, possibly complex regional pain syndrome, occurring as consequence of total knee replacement of his right knee, status post arthroscopic evaluation of his right knee with a recent increase in pain, status post failed total knee replacement. Treatment to date has included electromyogram, nerve conduction study of the lower extremity, Magnetic resonance imaging ankle, ankle brace, numerous surgeries and medications. In most recent records, the injured worker complains of back stiffness and pain and cervical spine pain, and leg pain. On February 9, 2015 Utilization Review non-certified a Lunesta 3mg quantity 60 with 3 refills, the Utilization Reviewer does not put the source used to make decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 MG #60 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.fda.gov.

Decision rationale: The MTUS Guidelines do not address the use of Lunesta, so the FDA information on drugs was consulted. Per the FDA, Lunesta has been shown to "decrease sleep latency and improve sleep maintenance," so it is indicated for use in treatment of insomnia. The FDA also cites several studies that do show Lunesta efficacy in long term use for insomnia. For the patient of concern, the most recent records received were dated February 2014. There is no updated documentation as to why patient would require Lunesta, long term or short term. Without any recent documentation of a diagnosis or situation that would warrant use of a sedative, the request for Lunesta is not medically indicated.