MAXIMUS Federal Services

Case Number:	CM15-0036828		
Date Assigned:	03/05/2015	Date of Injury:	04/09/2008
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 61 year old female with an industrial injury dated April 9, 2008. The injured worker diagnoses include cervical pain, lumbar radiculopathy, spinal lumbar degenerative disc disease, low back pain and sprain of lumbar region. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 2/10/2015, the injured worker reported neck pain, lower backache and left shoulder pain. The pain is rated as a 5/10 with prescribed medications and the injured worker reported poor quality of sleep. Objective findings revealed restricted range of motion of the cervical spine, tight muscle bands on bilateral paravertebral muscles, and decrease ankle jerk and patellar jerk. The treating physician also noted positive straight leg test. Treatment plan consist of a request for sleep study due to persistent insomnia and to continue with prescribed sleep aid medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta Tab 2 MG #20, Take 1 At Bedtime As Needed: 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 Official Disability Guidelines (ODG) Pain section, Lunesta.

Decision rationale: Pursuant to the Official Disability Guidelines, Lunesta 2 mg #21 PO Q HS PRN is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical pain; lumbar radiculopathy; spinal/lumbar degenerative disc disease; low back pain; and sprain lumbar region. The earliest progress note of the medical records dated August 4, 2014. The treating physician prescribed Lunesta at that time. Lunesta was refilled monthly through January 13, 2015. Subjectively, the injured worker states the quality of sleep is poor. The treating physician presents conflicting documentation at the end of the record that states the quality of the injured worker sleep is good. Lunesta is not recommended for long-term use recommended for short-term use. The injured worker has been using Lunesta in excess of five months. There is no discussion in the medical record in terms of weaning for tapering Lunesta. Consequently, absent clinical documentation for the objective functional improvement with ongoing Lunesta in contravention of the recommended guidelines indicating Lunesta is not recommended for long-term use recommended for short-term use, Lunesta 2 mg #21 PO Q HS PRN is not medically necessary.