

Case Number:	CM15-0047533		
Date Assigned:	03/19/2015	Date of Injury:	09/24/2005
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/12/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73-year-old male, who sustained an industrial injury on 09/24/2005. Initial complaints reported included a crush injury to the right hand. The injured worker was diagnosed as having right wrist laceration. Treatment to date has included conservative care, medications, x-rays of the right hand/wrist, physical therapy, and right wrist surgery. Currently, the injured worker complains of chronic pain in the right hand and increasing muscle spasms in the neck. The injured worker reported partial pain relief from medications. Failed therapies/medications included Lunesta, Silenor and Voltaren gel. Current diagnoses include chronic low back pain, degenerative lumbar spondylosis, myofascial pain syndrome, pain disorder with psychological medical condition, insomnia, chronic neck pain with degenerative cervical spondylosis. The treatment plan consisted of new hand/wrist brace, continuation of trazadone, Lunesta, Lexapro, and Seroquel, behavioral medicine consultation, urine drug screen, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental, Insomnia.

Decision rationale: The patient presents with pain affecting the right hand and increasing muscle spasms in the neck. The current request is for Lunesta 3mg #30. The treating physician report dated 2/27/15, (71B) notes that the patient suffers from "Insomnia, Persistent due to Chronic Pain." The ODG guidelines state "Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period." The medical reports provided, do not show that the patient has previously been prescribed Lunesta. In this case, the current request satisfies the ODG guidelines as Lunesta is FDA approved for long-term use for the treatment of Insomnia. Recommendation is for authorization. Therefore, the request is medically necessary.