

Case Number:	CM15-0049845		
Date Assigned:	03/23/2015	Date of Injury:	02/27/1995
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/16/2015

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: Pennsylvania
 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 55 year old male, who sustained an industrial injury on February 27, 1995. He reported back pain, buttock pain, lower extremity pain, depression and sleep disturbances. The injured worker was diagnosed as having status post right hip replacement with multiple revisions, lumbar disc protrusions with right sided radiculopathy, severe reactive depression, status post gastric bypass and insomnia secondary to chronic pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the hip, conservative therapies, medications, orthotics and work restrictions. Currently, the injured worker complains of back pain, buttock pain, lower extremity pain, depression and sleep disturbances. The injured worker reported an industrial injury in 1995, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 16, 2015, revealed continued pain as noted. He was noted to have an antalgic gait and was wearing a hip brace. He continued to report insomnia secondary to the pain. Lunesta was recommended.

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 Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), 12 Edition, 2014, Pain Chapter (11/13/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications: Lunesta.

Decision rationale: Lunesta is not recommended for long term use. Its use should be limited to 3 weeks maximum in the first two months of injury only. Use should be discouraged in the chronic phase. This worker is in the chronic phase of injury and the requested amount is greater than the 3 week maximum that is recommended. Therefore, the request is not medically necessary.