

Case Number:	CM15-0051467		
Date Assigned:	03/24/2015	Date of Injury:	06/24/2009
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/18/2015

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: District of Columbia, Virginia
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 48 year old male, who sustained an industrial injury on 6/24/2009. The mechanism of injury was not provided for review. The injured worker was diagnosed as having a left arm fracture and status post ulnar excision, tenolysis and tenodesis. There is no record of a recent radiology study since surgery. Treatment to date has included surgery, physical therapy, heat/cold, TENS (transcutaneous electrical nerve stimulation) and medication management. Currently, the injured worker complains of left hand pain that has improved since surgery. In a progress note dated 2/12/2015, the treating physician is requesting Lunesta.

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: 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 ODG -insomnia.

Decision rationale: Per ODG guidelines, the medication would not be recommended for long term usage and the dose is higher than the recommended dose. Per ODG guidelines, proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term (Feinberg20008). See insomnia treatment. Lunesta : not recommend for long term usage but recommended for short term use. While sleeping pills, so-called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The FDA has lowered the recommended starting dose of lunesta from 2mg to 1 mg for both men and women. Previously recommended doses can cause impairment of driving skills, memory, and coordination as long as eleven hours after the drug is taken. Despite these long lasting effects, patients were often unaware they were impaired (FED 2014).Per cited guidelines and review of clinical documentation provided, long term usage of this medication is not medically necessary.