

Case Number:	CM15-0053188		
Date Assigned:	03/26/2015	Date of Injury:	10/07/1993
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/20/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 (IW) is a 60 year old male who sustained an industrial injury on 10/07/1993. He reported pain that fluctuates depending on activity level. The injured worker was diagnosed as having cervical disc degeneration, cervicgia, chronic pain syndrome, lumbar post laminectomy syndrome, shoulder pain, thoracic post laminectomy syndrome, cervical radiculopathy, lumbago, and radiculitis. Treatment to date has included pain management and medication monitoring with a pain management specialist. Currently, IW complains of pain that is unchanged since his previous visit. The treatment plan included refills of his currently administered medications. Among these medications, a request for authorization was made for Lunesta 3mg, #30, with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg, #30, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Lunesta is supported for short term treatment of insomnia and are not recommended for concurrent use with opioid pain medications. In this case, the patient has been on Lunesta for an extended period and should be weaned. Thus the request for Lunesta 3 mg #20 with 3 refills is not medically appropriate and necessary.