

Case Number:	CM15-0055253		
Date Assigned:	05/12/2015	Date of Injury:	02/01/1996
Decision Date:	06/12/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/23/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64-year-old female, who sustained an industrial injury on 2/1/1996. The mechanism of injury was not noted. The injured worker was diagnosed as having status post lumbar spinal fusion in 2000 with subsequent hardware removal in 2004, status post left sacroiliac joint fusion 2001, status post spinal cord stimulator in good position, status post spinal cord field stimulation unit 2005 with revision 2008, coccydynia, reactionary depression and anxiety, medication induced gastritis, hypertension (industrially related), and left hip myoligamentous injury. Treatment to date has included diagnostics, multiple spinal surgeries, spinal cord stimulator placement, and medications. Medication for sleep and significant sleeping problems, along with worsening depression, were noted since at least 3/2014. Urine drug screen (12/04/2014) was consistent with prescribed medications. Currently, the injured worker complains of persistent low back pain with debilitating coccydynia and radicular symptoms to her lower extremities, left greater than right. Pain was rated as high as 9/10 but with current medication regime was reduced to 7/10. She was able to perform activities of daily living and ambulate with a walker. Current medications included MS Contin, Norco, Neurontin, Lidoderm, Fexmid, Effexor, medicinal marijuana, and Prilosec. Lunesta was noted as discontinued. She continued to report daytime somnolence, as well as difficulty sleeping at night, due to pain. She continued to report worsening depression symptoms because she was unable to get out of bed. The treatment plan included a trial of Doral, noting non-authorization of Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15mg #30: Upheld

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

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

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. This is especially true with benzodiazepines. The patient has been taking a sleep aid longer than the maximum recommended time of 4 weeks. Patient had previously been prescribed Lunesta and had taken it for at least as far back as six months. Doral 15mg #30 is not medically necessary.