

Case Number:	CM15-0056282		
Date Assigned:	04/01/2015	Date of Injury:	01/16/2007
Decision Date:	06/25/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/24/2015

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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 30-year-old male who sustained an industrial injury on 01/16/2007. Treatment provided to date has included physical therapy (unknown number of sessions); chiropractic therapy (unknown number of sessions); acupuncture (unknown number of sessions); lumbar facet and epidural injections (unknown number); and lumbar fusion surgery (08/25/2014). Diagnostic tests performed include electro diagnostic testing (08/25/2014), x-rays showing bone graft and implant in place; and MRI of the lumbar spine showing abnormal findings (date and specifics not provided). There were no noted previous injuries or dates of injury, and no noted comorbidities. On 02/24/2015, physician progress report noted continued complaints of axial low back pain and muscle spasms, and that the injured worker had tolerated the reduction of pain medications without withdrawal symptoms or exacerbation of pain. The Cymbalta was noted to not be helpful for better coverage of depression and neuropathic pain. Lunesta was noted to be helpful with sleep and allowed for approximately 6 hours of sleep through the night. The injured worker's pain was rated as 5 (0-10) without medication and 2/10 with medication. The physical exam revealed mild to moderate lumbar paraspinal tenderness at the lumbosacral junction with muscle spasms, restricted range of motion in the lumbar spine, decreased sensation in the L5-S1 distribution and slightly decreased muscle strength in the right lower extremity. The provider noted diagnoses of L5-S1 degenerative disc disease with disc protrusion - status post L5-S1 fusion, right lower extremity radicular symptoms, and opioid dependency. The injured worker was started on Ambien on 12/04/2014, and was started on Lunesta (trial) on 01/27/2015. The injured worker continued to be very temporarily disabled. Plan of care includes continued medications (morphine ER for baseline control, Norco for moderate to severe breakthrough pain, Flexeril as needed for muscle spasms, Lunesta for

insomnia due to pain, and Cymbalta for neuropathic pain and depression), continued treatment with pain management psychologist, 30 day trial of a TENS (Transcutaneous Electrical Nerve Stimulation) unit, and follow-up in one month. Requested treatments include Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #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, ODG Pain Chapter, and Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists)

Decision rationale: According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are scheduling IV controlled substances, which mean they have potential for abuse and dependency." Lunesta is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non-pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Lunesta 3mg #30 is not medically necessary.