

Case Number:	CM15-0059443		
Date Assigned:	04/06/2015	Date of Injury:	04/22/2002
Decision Date:	05/11/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, who sustained an industrial injury on 4/22/2002. He reported being rear ended in an automotive vehicle accident subsequently developing pain in the neck, mid, low back and bilateral wrists associated with radiation to extremities and headaches. Diagnoses include discogenic back pain, status post anterior decompression and fusion C4-5 and C5-6, and C6-7. Treatments to date include medication therapy, physical therapy and chiropractic therapy. The medications listed are Lunesta, Naprosyn, Zantac, Norco and Colace. Currently, he complained chronic pain to neck and back and difficulty looking up. On 2/23/15, the physical examination documented tenderness and limited range of motion to cervical spine due to pain and discomfort. The plan of care included continuation of medication therapy including Lunesta as ordered.

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 Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of sedatives and hypnotics for the treatment of insomnia be limited to short term period while the insomnia is being investigated. The chronic use of sleep medications of associated with the development of tolerance, dependency, addiction, sedation, daytime somnolence and adverse interaction with opioids and other sedatives. The records indicate that the patient is utilizing opioids and multiple sedatives concurrently. There is no documentation of comprehensive evaluation of insomnia for treatable causes or failure of non medications measures. The records indicate that the duration of use of Lunesta had exceeded the guidelines recommended duration limit of 4 to 6 weeks. The criteria for the use of Lunesta 2mg #30 were not met and the request is not medically necessary.