

Case Number:	CM15-0080628		
Date Assigned:	05/01/2015	Date of Injury:	03/03/1997
Decision Date:	06/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/27/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on 03/03/1997. She reported an injury to her lower back with pain that radiated into her bilateral lower extremities. The injured worker is currently diagnosed as having thoracic or lumbosacral neuritis, lumbar post-laminectomy syndrome, chronic pain syndrome, and lumbago. Treatment and diagnostics to date has included lumbar fusion, spinal cord stimulator trials, intrathecal pump trial, home exercise program, acupuncture, and medications. In a progress note dated 03/24/2015, the injured worker presented with complaints of lower back pain. The treating physician reported requesting authorization for Lunesta and stated the injured worker has difficulty staying asleep with poor quality of sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1 Mg #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: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.