

Case Number:	CM15-0081880		
Date Assigned:	05/04/2015	Date of Injury:	02/09/2007
Decision Date:	06/02/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/28/2015

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: Arizona, California
 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 48 year old, female who sustained a work related injury on 2/9/07. The diagnoses have included sacroiliitis, postlaminectomy syndrome of lumbar region and lumbosacral spondylosis without myelopathy. The treatments have included physical therapy, aqua therapy, medications and use of a spinal cord stimulator. In the PR-2 dated 3/23/15, the injured worker complains of lower back pain. She complains of pain radiating down both legs, right worse than left. She rates her pain an average pain level at 6/10. Pain level remains unchanged since last visit. The treatment plan is to continue previously prescribed prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesa 1mg #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) Mental Health & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG-pain guidelines and insomnia- pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant's pain interfered with sleeping. There was no mention of a primary sleep disorder or failure of behavioral interventions to manage sleep. Although Lunesta can be used longer than other insomnia medications, it is not indicated in this case and is not medically necessary.