

Case Number:	CM15-0086310		
Date Assigned:	05/08/2015	Date of Injury:	02/17/2009
Decision Date:	06/09/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/05/2015

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, 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 54 year old female, who sustained an industrial injury on 2/17/2009. She reported injury from a fall. The injured worker was diagnosed as having insomnia, depression, post-lumbar laminectomy syndrome, lumbar degenerative disc disease, chronic low back pain, left knee pain and lumbar facet arthropathy. There is no record of a recent diagnostic study. Treatment to date has included spinal cord stimulator, lumbar facet injection, physical therapy and medication management. In a progress note dated 4/8/2015, the injured worker complains of left knee pain, dental problems, low back pain and difficulty falling asleep and staying asleep. The treating physician is requesting Lunesta 1 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg (unspecified qty): 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), Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Lunesta.

Decision rationale: This claimant was injured now 6 years ago. She has insomnia and chronic pain issues. Medicines have been tried in the past. She has difficulty falling and staying asleep. No amount of the medicine is noted. Regarding Eszopicolone (Lunesta), the MTUS is silent. The ODG, Pain section simply notes it is not recommended for long-term use, but recommended for short-term use. In this case, the quantity is not specified, which is key to determining short vs. long-term usage. There is no mention of past experience of benefit with sleep aids. There is insufficient evidence to support the usage in this claimant's case. The request is not medically necessary.