

Case Number:	CM15-0087828		
Date Assigned:	05/12/2015	Date of Injury:	10/28/1998
Decision Date:	06/19/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 male, who sustained an industrial injury on 10/28/98. Initial complaints were not reviewed. The injured worker was diagnosed as having left Sacroiliac joint syndrome; status post Lumbar fusion L5-S1 (no date); reactive depression due to chronic pain; erectile dysfunction due to chronic pain; left knee pain; foraminal stenosis L5-S1. Treatment to date has included medications. Diagnostics included MRI lumbar spine (12/21/11). Currently, the PR-2 notes dated 4/14/15 indicated the injured worker complains of ongoing low back pain. His acupuncture and repeat epidural steroid injections have been denied and he is paying cash for his medications. The injured worker is frustrated. His pain level before medications is 9/10 and comes down to 4/10 with medications. He lives alone and medications allow him to remain independent. His sleep quality however is 10/10 without medications and 7/10 with. There is no aberrant behaviors noted with a pain agreement on file and last urine drug screening 1/13/15 was consistent with prescribed medications. He currently takes Norco 10/325mg 6 per day; Neurotin 800mg 1 BID; Lunesta 3mg; Testim gel; Colace; Celexa 20mg 1 daily; and Lidoderm patch 1 every day. The provider is requesting Lunesta 3 mg #30 for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg #30 for 30 days: 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, insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/lunesta.

Decision rationale: This 60 year old male has complained of low back pain and knee pain since date of injury 10/28/98. He has been treated with surgery, physical therapy and medications. The current request is for Lunesta. Lunesta is a medication used to treat insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. On the basis of the available medical documentation, Lunesta is not medically necessary in this patient.