MAXIMUS Federal Services

Case Number:	CM15-0088332		
Date Assigned:	05/12/2015	Date of Injury:	06/01/2011
Decision Date:	06/18/2015	UR Denial Date:	05/01/2015
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: California, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 40 year old male, who sustained an industrial injury on 6/1/11. The diagnoses have included left shoulder pain and low back pain. Treatment to date has included medications. There were no other treatments noted in the records. Currently, as per the medical legal evaluation physician progress note dated 4/2/15, the injured worker was examined on 3/5/15 for complaints of low back pain and right shoulder pain. It was noted that the injured worker fell asleep in the office while being asked with questions. He rated the pain with medications 5/10 on pain scale and without medications 10/10. He reports taking Lunesta three times a day. On exam the injured worker appeared to be fatigued and in mild pain. He had antalgic and slow gait and used a cane. The exam of the lumbar spine revealed tenderness and spasm bilaterally. The range of motion was limited by pain. The right shoulder exam revealed limited range of motion. The left shoulder revealed tenderness, positive Speed test and crepitus test, limited range of motion and sensation to light touch was decreased over the thumb, index and middle finger on the left side. The current medications included Oxycodone, Senokot, Voltaren, Amitiza, Diclofenac, Colace, Lunesta and MS Contin. There was no urine drug screen noted in the records. Work status is that he remains off of work. The physician requested treatment included Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg tablet, 1/2-1 tablet at bedtime, #15: 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), Treatment Index, Pain chapter - Eszopiclone (Lunesta); ODG Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, and no statement indicating what behavioral treatments have been attempted for the condition of insomnia. While the prescribing physician does state the medicine decreases pain perception and therefore improves function there is no documentation of objective functional improvement, (in terms of specific examples of objective functional improvement and percent reduction in pain or reduced NRS due to the Lunesta alone) and no documentation of decreased opioid use. Finally, there is no indication that Lunesta is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta is not medically necessary.