

Case Number:	CM15-0088337		
Date Assigned:	05/12/2015	Date of Injury:	01/28/2010
Decision Date:	06/18/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/08/2015

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 66 year old female, who sustained an industrial injury on January 28, 2010. She reported right-sided neck, right shoulder, and arm pain. The injured worker was diagnosed as having cervical spondylosis with lateral epicondylitis. Diagnostic studies to date have included MRI, electrodiagnostic studies, and x-rays. Treatment to date has included physical therapy, a home exercise program, steroid injection, a cervical pillow, and medications including non-steroidal anti-inflammatory, topical pain, anti-epilepsy, antidepressant, sleep, and pain. On April 24, 2015, the injured worker complains of chronic neck pain with increased radicular pain into bilateral arms, greater on the right than the left. The treating physician notes there is evidence myofascial pain in the neck and right arm regions, and her chronic pain has both nociceptive and affective components. Her current pain medications partially relieve her pain and help maximize her function and improve her quality of life. Her sleep quality is poor and is rated 4/10. The physical exam revealed sensory loss/alteration of cervical 6 in the left hand (thumb and index finger), difficulty lifting and holding up arms, spasms in both arms - greater on the right than the left and decreased right brachioradialis deep tendon reflex. The requested treatment is Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 MG #60: 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 Official Disability Guidelines (ODG) 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 discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Lunesta treatment. 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.