

Case Number:	CM15-0088646		
Date Assigned:	05/12/2015	Date of Injury:	12/01/2004
Decision Date:	06/15/2015	UR Denial Date:	04/23/2015
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: 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 50 year old male, who sustained an industrial injury on 12/1/04. He reported leg weakness and low back pain. The injured worker was diagnosed as having low back pain, failed back syndrome, bilateral lumbar radiculitis, neck pain, cervical degenerative disc disease, cervical spondylosis, chronic right C5-6 radiculopathy, right shoulder pain, labral tear of the right shoulder, right rotator cuff syndrome, right lateral epicondylitis, and bilateral carpal tunnel syndrome. Treatment to date has included lumbar surgery on 2/9/06, bilateral carpal tunnel releases in 2009 and 2011, and medications such as Lunesta for sleep disturbance due to pain. A report dated 3/16/15 noted the injured worker's sleep has been poor. The injured worker has been taking Lunesta since at least 11/10/14. Currently, the injured worker complains of right shoulder pain, right arm pain/right elbow pain, low back pain, bilateral lower extremity pain, and numbness in both hands. The treating physician requested authorization for Lunesta 3mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #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), Pain, Insomnia Treatment.

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 patient was injured 11 years ago, and by report has a vailed back syndrome and multiple other pain complaints. A report notes sleep has been poor, and that the claimant has been taking Lunesta long term, since at least November 2014. 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 use appears to be chronic, with little mention of benefit out of the sleep aid. There is insufficient evidence to support the usage in this claimant's case. The request is not medically necessary.