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| Case Number: | CM15-0233428 | | |
| Date Assigned: | 12/09/2015 | Date of Injury: | 05/28/1998 |
| Decision Date: | 01/15/2016 | UR Denial Date: | 11/18/2015 |
| Priority: | Standard | Application Received: | 11/30/2015 |

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, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury on May 28, 1998. In a Utilization Review report dated November 18, 2015, the claims administrator failed to approve a request for Lunesta. A November 9, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On May 18, 2015, the applicant's medication list reportedly included Lidoderm, Lunesta, Prozac, Norco, cyclobenzaprine, and Pennsaid, the treating provider reported. The applicant was apparently using Lunesta on a nightly basis, the treating provider reported. 30 tablets and 2 refills of the same were endorsed on this date. On November 9, 2015, the applicant reported highly variable 5 to 10/10 pain complaints. Once again, the applicant was described as using Lunesta on a nightly basis. The applicant was using a walker to move about, the treating provider reported, status post earlier failed lumbar laminectomy surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg tab #30 with 2 refills: 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, Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress, Eszopiclone (Lunesta).

Decision rationale: No, the request for Lunesta, a sedative agent, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that Lunesta is not recommended for chronic or long-term usage but, rather, should be reserved for short-term use purposes. Here, thus, the 30 tablet, 2-refill supply of Lunesta at issue, in and of itself, represented chronic, long-term, and/or scheduled usage of the same, i.e., usage at odds with the ODG position against long-term usage of Lunesta. Therefore, the request is not medically necessary.