MAXIMUS Federal Services

Case Number:	CM14-0115564		
Date Assigned:	08/04/2014	Date of Injury:	06/29/2005
Decision Date:	10/10/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 59-year-old female was reportedly injured on June 29, 2005. The most recent progress note, dated July 9, 2014, indicates that there are ongoing complaints of back pain radiating to the bilateral lower extremities as well as shoulder pain, headaches, and left knee pain. Current medications include Cymbalta, Norco, naproxen, simvastatin, docusate, Lunesta, polyethylene glycol, and omeprazole The physical examination demonstrated decreased range of motion of the left shoulder with pain. There was tenderness at the AC joint and the left trapezius muscle. Rotator cuff strength was rated at 3/5. Examination of the cervical spine indicated tenderness over the facet joints from C2 through C6. The physical examination of the lumbar spine noted a positive Faber's test and Patrick's test bilaterally. There was tenderness over the facet joints from L3 to S1. Diagnostic imaging studies of the lumbar spine showed multiple levels of disc degeneration with bilateral nerve root involvement. An MRI of the left knee revealed scattered areas of mild to moderate chondromalacia. And MRI of the left shoulder indicated mild infraspinatus and subscapularis tendinosis with a possible SLAP tear as well as mild AC joint degenerative changes. Previous treatment includes ***. A request had been made for Lunesta 3 mg 30 tablets with three refills and was not certified in the pre-authorization process on July 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg 1 q hs # 30 with 3 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, Mental illness & stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC / ODG Integrated Treatment/Disability Duration Guidelines; Mental Illness & Stress - Eszopicolone (updated 6/12/14)

Decision rationale: The Official Disability Guidelines recommend that treatment of insomnia be based on the etiology. Failure of a sleep disturbance to resolve in 7 to 10 days may indicate psychiatric and/or medical illness. The majority of studies involving insomnia treatment have only evaluated short-term treatment (less than 4 weeks). Medications such as Lunesta are recommended for short-term use due to risk of tolerance, dependence, and adverse effects such as daytime drowsiness amnesia, impaired cognition, and impaired psychomotor function. The record does not reflect any prior treatment with antidepressants. The record does evidence ongoing use of insomnia medication. Considering this, and that this request is for another 30 tablets with three refills, this request for Lunesta 3 mg is not medically necessary.