MAXIMUS Federal Services

Case Number:	CM14-0125892		
Date Assigned:	09/24/2014	Date of Injury:	06/03/1999
Decision Date:	10/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/08/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 62-year-old male who was injured on 6/3/1999. He was diagnosed with low back pain, lumbar degenerative disc disease, and chronic pain syndrome. He was treated with anti-depressants and sedative hypnotics (Lunesta) for his sleep and opioids for his chronic pain. He was also treated with epidural injections, muscle stimulating device, and physical therapy. He was seen by his treating physician on 7/17/14 for a reevaluation complaining of his low back pain, which radiates to his buttocks rated at 6/10 on the pain scale without medications and 1/10 with medications. He also reported trouble sleeping, but was doing better since taking medication (Lunesta) which he had been using for many months. He was recommended to continue his medications, including Lunesta. He was also recommended to continue his home exercises and return in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of 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; Mental Illness & Stress; Eszopicolone (Lunesta) Official Disability Guidelines; Pain Chronic; Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Mental Illness & Stress; Eszopicolone (Lunesta) Official Disability Guidelines; Pain Chronic; Eszopicolone (Lunesta).

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long-term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, the use of Lunesta has become chronic in nature, which is not advised, and other less habit-forming sedatives could be utilized in its stead. As for now, the Lunesta is not medically necessary to continue long-term. Weaning may be necessary.