

Case Number:	CM14-0131503		
Date Assigned:	09/16/2014	Date of Injury:	07/25/2003
Decision Date:	10/23/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	08/18/2014

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 California. 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 injured worker is a 69-year-old female who reported an injury on 07/25/2003. The mechanism of injury was not submitted for review. The injured worker's treatment history included x-rays, MRI studies, surgery, EMG/NCV studies, psychological evaluation and treatment, implantable pain pump, and oral medications. Within the documentation submitted on 06/19/2013 it was documented the injured worker was on Lunesta. The injured worker was evaluated on 08/04/2014 and it was documented the injured worker complained of neck pain. Neck pain was mainly on the left side. She continued with headaches. There was radiating pain to the left shoulder, clavicle, arm, and elbow area, associated with numbness and tingling. The physical examination of the cervical spine revealed tenderness to palpation over the left C5-6, C6-7, left side of the base of the occiput and left upper trapezius. There was painful and limited range of motion. Physical examination of the lumbar spine revealed tenderness to palpation over the midline L4-S1, and left posterior thigh. Range of motion was limited and performed with pain. Sensory examination revealed decreased sensation to light touch over the left 3rd, 4th, and 5th toes. Medications included Norco 10 mg, Skelaxin 800 mg, and Celebrex. Diagnoses included cephalgia, cervical spine sprain/strain with underlying degenerative disc disease at C5-6 and C6-7, lumbar spine central disc protrusion, lumbar sprain/strain, left upper trapezius and rotator cuff strain with mild impingement syndrome, disequilibrium, possibly secondary to subclavian steal syndrome versus cervical disc disease, left hip strain, severe chronic pain syndrome with severe depression and moderate anxiety, possible sleep apnea, and gastritis. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg #60: 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), Mental Illness & Stress: Eszopicolone (Lunesta):

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Zolpidem & Lunesta (Ambien) & Insomnia

Decision rationale: c)My rationale for why the requested treatment/service is or is not medically necessary: The request for Lunesta is not medically necessary. The Official Disability Guidelines (ODG) states that Lunesta is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In addition, the request did not include the frequency, dosage and duration for the medication for the injured worker. The guidelines do not recommend Lunesta for long-term use. Therefore, the continued use of Lunesta is not supported. The documentation submitted it was documented the injured worker had been on Lunesta since 06/19/2013. As such, the request for Lunesta 1 mg #60 is not medically necessary.