

Case Number:	CM14-0134287		
Date Assigned:	08/29/2014	Date of Injury:	04/07/1997
Decision Date:	10/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/22/2014

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 64-year-old gentleman was reportedly injured on April 7, 1997. The mechanism of injury is noted as standing up the back of a truck and hitting his head on a rack. The most recent progress note, dated July 3, 2014, indicates that there are ongoing complaints of neck pain and low back pain. The physical examination demonstrated tenderness along the cervical spine at C4, C5 and C6 and tenderness along the paraspinal muscles and trapezius with spasms. There was decreased cervical spine range of motion. Examination of the lumbar spine noted tenderness and spasms at L4 and L5. There was decreased range of motion and a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine revealed degenerative disc disease. Previous treatment includes physical therapy and steroid injections. A request had been made for Lunesta 3 mg and was non-certified in the pre-authorization process on July 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Lunesta

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

Decision rationale: The Official Disability Guidelines recommends that hypnotic sleep aids such as Lunesta be used on a short-term basis due to risk of tolerance, dependence, and adverse effects such as daytime drowsiness amnesia, impaired cognition, and impaired psychomotor function. A review of the attached medical record indicates that the injured employee has been prescribed this medication for a years' time. Additionally, this request does not indicate the number of tablets requested. Considering this, the request for Lunesta is not medically necessary.