

Case Number:	CM14-0182699		
Date Assigned:	11/07/2014	Date of Injury:	06/10/1994
Decision Date:	12/16/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational Medicine 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:

Injured worker (IW) is a 48 year old male who sustained an industrial low back injury on 06/10/94. Diagnosis is lumbar postlaminectomy syndrome. 04/01/14 office note documented complaints of pain in the low back, thoracic back and hip, radiating to the bilateral legs/feet. Current medications included sublingual Suboxone, fluoxetine, Voltaren-XR, and Lunesta 3mg one at bedtime as needed for insomnia. Provider stated that IW was taking pain medications intermittently, on an as-needed basis. 02/06/14 urine drug screen (UDS) had been consistent. Suboxone was refilled. At subsequent office visits on 05/07/14, 06/04/14, 07/18/14, 08/28/14, and 10/06/14 Suboxone was refilled. On 06/04/14 and 10/06/14 Lunesta and fluoxetine were refilled with 3 refills. Drug screen on 06/09/14 was positive for buprenorphine and was negative for all other substances tested. IW's symptoms were noted to increase over course of treatment, and progressive neurologic deficit was noted. A description of sleep pattern, evaluation for source of sleep complaints, or response to Lunesta was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Lunesta 3mg, with 3 refills between 10/6/2014 and 2/10/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Eszopicolone (Lunesta); Insomnia treatment.

Decision rationale: ODG recommends Lunesta for short-term use only and does not support chronic use of this medication. IW has been receiving Lunesta since at least April 2014, without documented benefit. ODG recommends that treatment for insomnia be based on the etiology, and that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. No sleep evaluation or use of non-pharmacological treatments such as sleep hygiene measures are documented. Medical necessity is not established for the requested Lunesta. Therefore, the request is not medically necessary.