

Case Number:	CM14-0094491		
Date Assigned:	07/25/2014	Date of Injury:	06/29/2000
Decision Date:	09/25/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/22/2014

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 Internal 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:

The injured worker is a 63 year old male who had a work-related injury on 09/18/1985. Mechanism of injury is not described. Most recent note dated 06/26/14, the injured worker states that he is in constant pain, it is described as a burning sensation on both his legs, more on the right than the left. reports severe muscle spasm in his back. He wears his LSO brace periodically. It helps when he gets severe spasm and he has doubled over. It helps him to ambulate. The injured worker remains on social security disability. The injured worker does not work. The injured worker states he gets at least 50% reduction in pain with his medication, versus not taking them at all and 50% functional improvement with activities of daily living with the medication versus not taking them at all. He continues on the OxyContin 40mg 3 times a day, Norco up to 4 and sometimes 5 per day for breakthrough pain, and Lunesta 3mg at night for insomnia due to pain. MED is 220. Physical examination, lower back exam reveals limited range of motion. He can forward flex 30 degrees, extend to 5 degrees. Right and left SLR's are both 80 degrees causing right-sided back pain but non-radiating pain. Palpation reveals muscle spasm in the lumbar trunk with loss of lower lordotic curvature. Deep tendon reflexes are +1 at the knees and ankles. Toes are down going bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

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- Pain Chapter.

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

Decision rationale: As noted in the Official Disability Guidelines, Lunesta is not recommended for long-term use, but recommended for short-term use. Current studies recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The patient has exceeded the recommended treatment window. As such, the request for Lunesta 3mg #30 one po (by mouth) qhs (every evening) is not medically necessary.