

Case Number:	CM14-0098871		
Date Assigned:	07/28/2014	Date of Injury:	05/18/2009
Decision Date:	09/22/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/27/2014

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 Utah. 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 patient is a 52 year-old male. The patient's date of injury is 5/18/2009. The mechanism of injury not stated in the clinical documents. The patient has been diagnosed with low back pain with extruded disc. The patient's treatments have included physical therapy, history of surgery, home exercise program, work modification, imaging studies, and medications. The physical exam findings, dated 4/24/2014 show the exam to be with decreased lumbar range of motion and neurologically intact. The patient's medications have included, but are not limited to, Percocet, Relafen, Xanax, Lunesta and Bupropion. The request is for Lunesta. This medication was approved on 10/13/2013 and 3/14/2014. It was later rejected on 3/19/2014, 3/21/2014 and 4/29/2014. The outcomes are not stated in the clinical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg QHS 330: 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): Lunesta.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), ODG, Lunesta, Sleep-aids.

Decision rationale: MTUS treatment guidelines are silent about Lunesta. Other guidelines were used in this review. ODG guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Lunesta. Guidelines state the following: recommends Lunesta for short-term use, not long term, 3 weeks in the 1st 2 months of injury. There is concern for habit forming, impaired function and memory, as well as increased pain and depression over long term. The clinical documents state that the patient was taking this medication over a period of 5-6 months. According to the clinical documentation provided and current guidelines; Lunesta is not indicated as a medical necessity to the patient at this time. As such, the request is not medically necessary.