

Case Number:	CM14-0160783		
Date Assigned:	10/06/2014	Date of Injury:	01/11/2010
Decision Date:	06/05/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49 year old female, who sustained an industrial injury on 1/11/2010. Diagnoses include coccydynia and cervicothoracic lumbar strain. Treatment to date has included modified work, diagnostics, medications and physical therapy. Per the Doctor's First Report of Occupational Injury/Illness dated 1/11/2010, the injured worker reported stiffness, spasm and sharp pains in the area of the coccyx, cervical and thoracic spine after lifting and moving storage boxes. Physical examination revealed an antalgic gait and no decreased sensation to light touch. The plan of care included medications and physical therapy. Authorization was requested for Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg: 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 Insomnia Treatment.

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

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks. The patient has been taking Lunesta, and alternatively, Sonata, for at least as far back as 24 months. No functional improvement has been noted in her quality of sleep. Lunesta 2mg is not medically necessary.