

Case Number:	CM15-0102945		
Date Assigned:	06/05/2015	Date of Injury:	02/16/2013
Decision Date:	07/03/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/28/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial injury on 02/16/2013. She has reported injury to the left foot and low back. The diagnoses have included chronic pain syndrome; chronic plantar fasciitis; chronic lumbar radiculitis; lumbar spine post-laminectomy syndrome; status post L5-S1 laminectomy and decompression, on 07/25/2013; status post L4-L5 and L5-S1 anterior lumbar fusion, on 11/12/2013; and status post revision decompression and posterolateral fusion at L5-S1, on 10/30/2014. Treatment to date has included medications, diagnostics, splinting, orthotics, injection, lumbar epidural steroid injection, cognitive behavioral therapy, physical therapy, and surgical intervention. Medications have included Norco, Lunesta, Zoloft, Lidoderm patch, and Senokot. A progress report from the treating physician, dated 05/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain radiating down the left lower extremity to the foot; pain is described as constant, tingling, achy, numbing, and cramping; severity of pain is rated 6/10 on the pain scale; pain is worse with activity; pain is better with medications and rest; and she has depression, anxiety, and is unable to sleep. Objective findings included mild limp favoring the left leg; decreased stance phase on the left; continued low back pain with limited range of motion; severe left leg pain with decreased sensation to touch in the lower left leg with pain in the left foot; weakness in plantar and dorsiflexion on the left; positive pain in the left plantar fascia and heel; and progress is noted with orthotics and the night splint for the foot, progress with physical therapy, and progress with the cognitive behavioral therapy. The treatment plan has included the request for Lunesta 1 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Non-Benzodiazepine sedative-hypnotics, Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The requested medication is a listed choice for the treatment of insomnia per the ODG. Therefore the request is certified. Therefore, the requested treatment is not medically necessary.