

Case Number:	CM15-0010868		
Date Assigned:	01/28/2015	Date of Injury:	04/01/2007
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: Texas, Illinois

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 64 year old male with an industrial injury dated April 1, 2007. The injured worker's diagnoses include fibromyalgia, sleep disorders, lateral epicondylitis of the elbow. He has been treated with prescribed medications and periodic follow up visits. According to the progress note dated 12/16/14, the injured worker reported continued widespread pain above and below the waist on both sides of the body. The pain was rated an 8-9/10. The treating physician prescribed Lunesta 3mg #28 for his chronic pain. Utilization Review determination on December 23, 2014 denied the request for Lunesta 3mg #28, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #28: 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) Pain chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress

Decision rationale: The injured worker sustained a work related injury on April 1, 2007. The medical records provided indicate the diagnosis of fibromyalgia, sleep disorders, lateral epicondylitis of the elbow. Treatments have included Lunesta, Tramadol, Diazepam, Percocet, Tramadol, Flexeril, Sentra. The medical records provided for review do not indicate a medical necessity for Lunesta 3mg #28. The records indicate the pain disturbs his sleep, he wakes at night to urinate, he suffers from Obstructive sleep apnea, he has been using Lunesta, at least since 07/2014. The Official Disability Guidelines recommends treating the cause of the sleep disorder, but when caused by pain, it recommends the use of Lunesta, and other sleep aid for not more than ten days. The Official Disability Guidelines, states Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. The records indicate there are several factors responsible for the sleep disorder, and the focus should be to address the underlying cause.