

Case Number:	CM15-0012173		
Date Assigned:	01/29/2015	Date of Injury:	09/28/2011
Decision Date:	03/23/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/21/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 44 year old female sustained an industrial injury on 9/28/11, with subsequent ongoing right upper extremity pain. Treatment included multiple stellate ganglion blocks, medications and TENS unit. Current diagnoses included chronic right hand pain with weakness of the right hand status post healing of the first metacarpal fracture, status post right thumb radial collateral ligament reconstruction with palmaris allograft (12/2011), chronic neuropathic pain of the right hand, chronic depression and insomnia secondary to pain exacerbated by abrupt discontinuation of her sleep medication. In a PR-2 dated 12/1/14, the injured worker complained of persistent right wrist and hand pain. The injured worker reported that the home TENS unit and medications helped provide relief from pain. Physical exam was remarkable for right wrist, lateral epicondylar and right medial epicondylar tenderness to palpation. Grip strength was diminished on the right. Work status was modified duty. On 1/7/15, Utilization Review noncertified a request for Lunesta 2.0 mg (1 PO QHS) Qty 30 with 3 Refills citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2.0 mg (1 PO QHS) Qty 30 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists
(<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)

Decision rationale: According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency." Lunesta is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Prospective request for 1 prescription of Lunesta 2.0 mg (1 PO QHS) Qty 30 with 3 Refills is not medically necessary.