

Case Number:	CM15-0114482		
Date Assigned:	06/22/2015	Date of Injury:	09/18/2013
Decision Date:	07/21/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, California

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 57 year old male, who sustained an industrial injury on September 18, 2013. Treatment to date has included medications, steroid injection, and physical therapy. Currently, the injured worker reports a slight improvement in her pain following a cortisone injection. She reports right shoulder pain and tightness and reports a decrease in the ability to perform activities of daily living. On physical examination the injured worker has a decreased range of motion of the right shoulder and cervical spine. She has crepitation of the right shoulder and positive Hawkins' and Neer's tests. Her cervical spine has tightness and she radiation of pain to the bilateral upper extremities. The diagnoses associated with the request include cervical strain, bilateral shoulder impingement, and right shoulder rotator cuff tear. The treatment plan includes right shoulder surgery, Norco, Lunesta, Flexeril and MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- insomnia medications in the pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case the insomnia or sleep disturbance was not described. Pain was likely cause of sleep difficulties rather than a primary sleep disorder. The request for Lunesta is not substantiated and not medically necessary.