

Case Number:	CM15-0119889		
Date Assigned:	06/30/2015	Date of Injury:	03/25/2015
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male, who sustained an industrial injury on 3/25/15. The diagnoses have included major depressive disorder, anxiety disorder, and psychological factors affecting medical condition. Treatment to date has included medications, activity modifications, psychiatric, and other modalities. Currently, as per the physician psychiatric progress note dated 5/6/15, the injured worker complains of persistent symptoms of depression, anxiety and stress related medical complaints related to an industrial injury to the psyche. The subjective complaints reveal that there is depression, change in appetite, lack of motivation, difficulty getting to sleep, difficulty staying asleep, decreased energy, difficulty thinking, pessimism, diminished self-esteem, excessive worry, restlessness, tension, panic attacks, nausea, disturbing memories, reliving of the trauma, flashbacks, suspicion, paranoia, muscle tension, jaw clenching abdominal pain. The objective behaviors reveal depressed facial expressions, visible anxiety, and soft-spoken. The current medications included Bupropion, Buspar, Lunesta, and Alprazolam. The physician requested treatment included Lunesta 3 mg #30 with 2 refills for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg #30 with 2 refills: 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 and Mental Illness Chapters.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment, pages 535-536.

Decision rationale: Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), Pain. Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic and anxiolytic. Chronic use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Submitted documents have not demonstrated any specific functional improvement including pain relief with decreased pharmacological profile, decreased medical utilization, increased ADLs and work function, or quantified hours of sleep as a result from treatment rendered for this injury. The reports have not identified any specific clinical findings or confirmed diagnoses of sleep disorders nor is there any noted failed trial of behavioral interventions or proper sleep hygiene regimen to support its continued use. The Lunesta 3 mg #30 with 2 refills is not medically necessary and appropriate.