

Case Number:	CM15-0120919		
Date Assigned:	07/01/2015	Date of Injury:	01/31/2014
Decision Date:	07/30/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/23/2015

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, Alabama, 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:

The injured worker is a 32-year-old male, who sustained an industrial/work injury on 1/31/14. He reported initial complaints of left ankle and low back pain. The injured worker was diagnosed as having lumbosacral sprain/strain, cervical sprain/strain, right wrist sprain/strain, right elbow sprain/strain and right ankle sprain/strain, and depression. Treatment to date has included medication, walking aides, chiropractic care and physical therapy, psychologist care, and spine specialist. MRI results were reported on 4/21/15. Electromyography and nerve conduction velocity test (EMG/NCV) was performed with normal results. Currently, the injured worker complains of pain in the cervical spine, right shoulder and right wrist. Per the primary physician's progress report (PR-2) on 12/8/14, exam reveals decreased range of motion with tenderness over C5-7, greater on right than left. There is also decreased range of motion of the thoracolumbar spine with tenderness over T8-11 and L4-S1. In the right shoulder, there is decreased range of motion with tenderness over the trapezium and the acromioclavicular articulation, decreased range of motion to the right wrist and tenderness over the distal radius and ulna on the volar and dorsal aspects, decreased range of motion of the left knee with parapatellar tenderness, decreased range of motion in the left ankle with tenderness over the tibia talar and fibular talar articulation. The requested treatments include Lunesta 3 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #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.

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. The patient has been using Lunesta since at least April of 2015. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Lunesta 3mg #30 with 2 refills is not medically necessary.