

Case Number:	CM15-0123437		
Date Assigned:	07/07/2015	Date of Injury:	08/06/2007
Decision Date:	08/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/26/2015

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, North Carolina
 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 65 year old male injured worker suffered an industrial injury on 8/06/2007. The diagnoses included right carpal syndrome with release and right trigger finger release. The injured worker had been treated with surgery and medication. On 6/1/2015 the treating provider reported complained of persistent tingling and allodynia (hypersensitivity) of the 4th and 5th fingers of the right hand. He complained of sensitivity to touch in the right hand. The pain was rated 7 to 9/10. He complained of inability to sleep having more pain. With medication the pain was reduced over 60% allowing him to perform activities of daily living. He developed residual right ulnar neuropathy and left carpal tunnel syndrome. It was not clear the injured worker had returned to work. The treatment plan included Lunesta.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain- Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness/Stress, Insomnia.

Decision rationale: ODG, Mental Illness/Stress, Insomnia Lunesta is recommended for short term use of 3 weeks in the first 2 months of injury only, not long term use. There is a risk of tolerance, dependence and adverse events. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Lunesta can be habit-forming, and may impair function and memory. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The documentation did not include a sleep evaluation and no evidence that the requested treatment was effective. Therefore Lunesta is not medically necessary.