

Case Number:	CM15-0125168		
Date Assigned:	07/09/2015	Date of Injury:	01/31/2008
Decision Date:	08/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 31, 2008. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve a request for Lunesta. The claims administrator referenced a June 10, 2015 RFA form and associated progress note of June 3, 2015 in its determination. The applicant's attorney subsequently appealed. On April 8, 2015, the applicant reported 8/10 with medications versus 9/10 pain without medications. Multifocal complaints of low back, shoulder, and hip pain were reported, with ancillary complaints of sleep disturbance. The applicant was overweight, with BMI of 30. The applicant was asked to continue Nucynta for pain purposes and Lunesta for sedative effect. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On June 3, 2015, the applicant again reported ongoing complaints of low back pain with derivative complaints of sleep disturbance. Nucynta, Lunesta, and permanent work restrictions were renewed. Once again, it was not clearly outlined whether the applicant was or was not working at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta tab 3mg #15 with 1 refill: 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 Chapter (online version) Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Eszopicolone (Lunesta).

Decision rationale: No, the request for Lunesta, a sedative agent, was not medically necessary, medically appropriate, or indicated here. The MTUS Guidelines in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider did not state why he was intent on continuing Lunesta when, per his report of June 3, 2015, the applicant's quality of sleep remained poor. ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that Lunesta is not recommended for long-term usage but, rather, should be reserved for short-term use purposes. Here, the applicant had been using Lunesta for a minimum of several months prior to the June 3, 2015 progress note in question. Continued usage of the same, thus, ran counter to both ACOEM and ODG principles and parameters. Therefore, the request was not medically necessary.