

Case Number:	CM15-0129169		
Date Assigned:	07/15/2015	Date of Injury:	08/16/2005
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/03/2015

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: 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 injured worker is a 36 year old male who sustained a work related injury August 16, 2005. Past history included IBS (irritable bowel syndrome). According to a primary treating physician's re-examination and report, dated May 20, 2015, the injured worker presented with ongoing back pain. He has not started a Functional Restoration program as a required lumbar spine flexion and extension x-ray has not been completed. Another of his physician's had prescribed Percocet 10/325 mg and Fentanyl patch on April 30, 2015, and another medication for nausea, unrecalled name, and not authorized. He reports taking 7 tablets of Percocet daily. He ran out of Percocet on May 8, 2015, and because he didn't have authorization had to pay cash for 210 tablets. He rates his low back pain 5-7 out of 10 and his neck pain 4-5 out of 10. Other medication included Bursar, Brintellix, Topamax, and Lunesta. Objective findings included; antalgic gait and ambulating with cane, right hand; lumbar spine flexion is limited at less than 30 degrees and extension 5 degrees with pain; tenderness to palpation over the midline from L3-S1, most focally L5-S1; tenderness to palpation right sciatic notch; Kemp's test positive; sitting straight leg raise positive bilaterally at 30 degrees on the left and 45 degrees on the right; Gaenslen's test positive bilaterally; sacroiliac joint compression and FABER's test are positive on the right. Sensation is reduced in the lateral aspect of the right leg. Diagnoses are lumbar disc disease; spondyloarthropathy cervical spine; gastroesophageal reflux disease; hemorrhoids; obstructive sleep apnea; diabetes mellitus (diet controlled); major depressive disorder. At issue, is a request for authorization for Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg at bedtime #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain) Chronic, Eszopicolone (Lunesta); Mental Illness & Stress, Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression there is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore, the request is not medically necessary.