

Case Number:	CM15-0174300		
Date Assigned:	09/16/2015	Date of Injury:	09/30/2009
Decision Date:	10/16/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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 55 year old female who sustained an industrial injury on 9-30-09. Diagnoses are noted as chronic pain syndrome, spinal enthesopathy, neck pain, cervical radiculopathy, fasciitis unspecified, thoracic outlet syndrome, and shoulder pain. Previous treatment includes MRI-cervical spine 12-2009 and 9-16-13, MR arthrogram right hip, right hip surgical repair 4-26-10, physical therapy, wrist braces, electrodiagnostic studies, acupuncture, left hip MR arthrogram, MRI right shoulder 7-29-13, medication, percutaneous electrical nerve stimulator (power source placement and electrode-needle array implant 9-25-14), and cervical epidural steroid injection 4-2-15. In an encounter note dated 7-21-15, the physician reports complaints of pain in the neck, shoulders, left knee, left heel, left elbow, and left and right wrists. Pain is worse with prolonged walking, standing and sitting and better with rest and medication. Pain is reported to be at a level of 10 out of 10 with and without medication. It is noted that at this time she continues to experience the symptoms of thoracic outlet syndrome, which presents with cervical pain radiating across the shoulders and down the arms with tingling and numbness in both arms and hands. "She experiences constant pain all over her body which makes it difficult to perform activities of daily living" She has failed multiple therapies including physical therapy, non-steroidal anti-inflammatory drugs, TENS (transcutaneous electrical nerve stimulation), and medication trials. The plan notes a discontinuation of Sonata and adding Lunesta. Work status is total temporary disability. A urine screen test 5-21-15 was noted to be positive only for opiates. A request for authorization dated 7-29-15 lists Butrans Patch, Norco, Lunesta, Sonata, and Nortriptyline. The requested treatment of Lunesta 1 mg #60 was non-certified on 8-7-15

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1 mg #60: 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 Chapter, 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) 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 chronic 2009 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 1 mg #60 is not medically necessary and appropriate.