

Case Number:	CM15-0174630		
Date Assigned:	10/08/2015	Date of Injury:	12/31/1999
Decision Date:	11/20/2015	UR Denial Date:	08/19/2015
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: Texas, Illinois

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 injured worker is a 76 year old female, who sustained an industrial injury on December 31, 1999, incurring upper, mid and low back injuries. She was diagnosed with a cervical sprain, thoracic sprain, lumbar sprain and carpal tunnel syndrome. Treatment included pain medications, sleep aides, and activity restrictions. Currently, the injured worker complained of persistent low back pain radiating down into both the lower extremities. She noted muscle spasms, hypo mobility and tenderness in the back and pelvic regions. She reported difficulty sleeping, body discomfort and limitations struggling with her consistent pain. The treatment plan that was requested for authorization included a prescription for Lunesta 1 mg, #90. On August 18, 2015 a request for a prescription for Lunesta was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Lunesta 1mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & stress: Eszopicolone (Lunesta) (2015).

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 Eszopicolone (Lunesta).

Decision rationale: The injured worker sustained a work related injury on December 31, 1999, The medical records provided indicate the diagnosis of cervical sprain, thoracic sprain, lumbar sprain and carpal tunnel syndrome. Treatment included pain medications, sleep aides, and activity restrictions. The medical records provided for review do not indicate a medical necessity for : 1 prescription for Lunesta 1mg #90 . Eszopicolone (Lunesta) is a sleeping pill. The MTUS is silent on it, but the Official Disability Guidelines states recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The request is not medically necessary.