

Case Number:	CM15-0175640		
Date Assigned:	09/16/2015	Date of Injury:	08/28/2012
Decision Date:	10/23/2015	UR Denial Date:	08/11/2015
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, 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 64-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 28, 2012. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve a request for Lunesta. A July 14, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 3, 2015, the applicant reported ongoing complaints of low back pain radiating to the right side, 4/10 with medications versus 7/10 without medications. The applicant was Norco, Soma, Lunesta, and Prilosec, it was reported. The applicant had undergone earlier failed lumbar spine surgery. The applicant was placed off of work, on total temporary disability. Norco was renewed. An SI joint block was sought. On August 7, 2015, Norco was again refilled. The applicant's medications on this date included Norco, Soma, Lunesta, and Prilosec, it reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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: No, the request for Lunesta was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, however, the applicant had been used using Lunesta for what appeared to be a minimum of several months, as of the date of the request. The 30-tablet three-refill supply at issue, moreover, also represents chronic, long-term, and/or nightly usage of the same, i.e., usage incompatible with the ODG's position on the same. Therefore, the request was not medically necessary.