MAXIMUS Federal Services

Case Number:	CM15-0178334		
Date Assigned:	09/18/2015	Date of Injury:	07/19/2010
Decision Date:	10/22/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/10/2015

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:

This injured worker is a 67 year old female, who sustained an industrial injury on 07-19-2010. The injured worker was diagnosed as having sprain of knee and leg NOS and brachial neuritis NOS. On medical records dated 07-08-2015, subjective complaints were noted as bilateral knee pain. Objective findings did not mention insomnia or sleep difficulty. Tenderness to palpation was noted in the following areas: paraspinal C2-C6 bilaterally, bilateral trapezii, bilateral rhomboid muscles bilaterally and bilaterally medial knee joint lines. Cervical spine revealed limited range of motion and a positive facet loading on the left. Swelling was noted over knees bilaterally at the mid medial joint line. The injured worker was noted to be temporarily totally disabled. Treatment to date included laboratory studies, physical therapy, massage therapy, chiropractic therapy, acupuncture therapy, heat and ice packs, TENS unit, cortisone injections, home exercise and medications. Current medication was listed as Oxycodone, Valium, Senna and Norflex. The injured worker was noted to report an improved in sleep and ability to function with what the medication regimen noted. The Utilization Review (UR) was dated 08-18-2015. The UR submitted for this medical review indicated that the request for Lunesta 3mg #90 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #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, Pain, 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 also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore, the request is not medically necessary.