

Case Number:	CM15-0178534		
Date Assigned:	10/12/2015	Date of Injury:	06/18/2008
Decision Date:	12/01/2015	UR Denial Date:	08/13/2015
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: 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 [REDACTED] beneficiary who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of June 18, 2008. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve a request for Lunesta. The claims administrator referenced a July 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 14, 2015, the applicant reported ongoing complaints of knee and leg pain, highly variable, 3-8/10. The applicant was on Norco and Pamelor, it was reported at this point, both of which were refilled. Flexeril was also introduced. On September 14, 2015, the applicant reported ongoing complaints of shoulder and knee pain. Lunesta, Zanaflex, Xanax, MiraLax, OxyContin, and Norco were all renewed and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg #30: 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 Chronic.

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, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODGs 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, thus, the renewal request for Lunesta, in effect, represented treatment in excess of ODG parameters. The attending provider failed to furnish a clear or compelling rationale for continued usage of the same here in the face of the ODG position against long-term usage of Lunesta. Therefore, the request was not medically necessary.