

Case Number:	CM15-0178666		
Date Assigned:	09/18/2015	Date of Injury:	06/03/2005
Decision Date:	10/22/2015	UR Denial Date:	09/04/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male, who sustained an industrial injury on 6-3-05. Medical record indicated the injured worker is undergoing treatment for intractable pain, ongoing right greater than left leg radiculopathy and joint dysfunction, status post right L5-S1 laminotomy, mesial facetectomy and foraminotomy and right L5-S1 osteotomy of fusion mass overgrowth and status post bilateral L5-S1 laminotomy with evaluation of fusion mass. Treatment to date has included 2 lumbar spine surgeries including anterior posterior fusion form L4-S1 (he has reported persistent low back pain since); oral medications including Alprazolam 0.5mg, Omeprazole 20mg, Norco 10-325mg, Restoril 30mg, Amitriptyline 50mg and Mobic 15mg; cane for ambulation, lumbar injections, physical therapy and activity modifications. Currently on 8-12-15, the injured worker complains of ongoing difficulty with pain in his neck, low back and down the left lower extremity to the foot; he rates the pain 7 out of 10 without medications and 3 out of 10 with medications. He also reports his anxiety is severe. He reports with medications his pain is decreased and function is improved. Physical exam dated 8-12-15 revealed well healed surgical scar in lumbosacral region, tenderness and guarding in lumbar paraspinal musculature and decreased lumbar spine range of motion due to pain. The treatment plan on 8-12-15 included prescriptions for Lunesta 3mg #30 with 3 refills, Topamax 25mg #30 with 3 refills, Norco 10-325mg #60, Amitriptyline 50mg #30 with 3 refills and Mobic 15mg #30 with 3 refills. On 9-4-15 utilization review non-certified request for Lunesta 3mg #30 with 3 refills noting guidelines do not recommend chronic use of sleeping medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg 1 qhs #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 Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in June 2005 and is being treated for radiating low back pain into the right lower extremity. In April 2015 medications included Restoril. He was having difficulty sleeping due to pain. Amitriptyline was prescribed. In May 2015 his sleep had improved. In July 2015 he was having difficulty sleeping again. He was having difficulty obtaining medications. When seen in August 2015, Lunesta had been approved and he was no longer receiving Restoril. He was having severe anxiety. Physical examination findings included a BMI over 28. There was lumbar tenderness with decreased and painful range of motion. Lunesta was refilled with a four month supply. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The claimant had previously benefitted from amitriptyline and, if pharmacologic treatment of insomnia was determined to be appropriate, a higher dose could be prescribed. The continued prescribing of Lunesta (eszopiclone) is not medically necessary.