

Case Number:	CM15-0037425		
Date Assigned:	03/05/2015	Date of Injury:	03/14/2014
Decision Date:	05/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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: California, Washington

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 52-year-old male who reported an injury on 03/15/2014. The mechanism of injury was not stated. The current mechanism of injury was not stated. The current diagnosis is lumbar spine sprain, with annular fissure and facet degeneration. The only clinical note submitted for review is documented on 08/26/2014. The injured worker presented with complaints of persistent low back pain with bilateral lower extremity pain. Upon examination, there was tenderness to palpation with negative straight leg raise. Recommendations at that time included continuation of the current medication regimen of Menthoderm gel, LenzaPatch, cyclobenzaprine, naproxen, Norco, omeprazole, clonazepam, and tramadol ER. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg Qty: 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 (ODG), Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. There was no indication that the injured worker is currently utilizing the above medication. The injured worker does not maintain a diagnosis of insomnia treatment. There is also no documentation of an attempt at non-pharmacologic treatment. There was no frequency listed in the request. Given the above, the request is not medically appropriate.