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| Case Number: | CM15-0075069 | | |
| Date Assigned: | 04/24/2015 | Date of Injury: | 08/16/2008 |
| Decision Date: | 05/22/2015 | UR Denial Date: | 03/27/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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

Certification(s)/Specialty: Emergency 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 injured worker is a 60-year-old male, who sustained an industrial injury on 8/16/2008. The mechanism of injury was not noted, with a prior injury claim for 2002 noted. The injured worker was diagnosed as having bilateral L5-S1 radiculopathy with positive electromyogram and nerve conduction studies, disc protrusion L4-5 and L5-S1, and industrially related sleep disturbance secondary to chronic pain. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of bilateral low back pain with radiation to both posterior thighs and calves. Current medications included Baclofen, Percocet, and Ambien. Percocet and Lunesta were documented as filled on 2/28/2015. He was currently not working, as modified work was not available. The treatment plan included medication refills of Percocet and Lunesta (noted since at least 1/2015). Lunesta was documented as enabling him to sleep an additional 2-3 hours, for a total of 7-8 per night.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Lunesta 3mg: Overturned

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, Insomnia treatment.

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

Decision rationale: The requested 30 Tablets of Lunesta 3mg, is medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is Not recommended for long-term use; and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The injured worker has bilateral low back pain with radiation to both posterior thighs and calves. Lunesta was documented as enabling him to sleep an additional 2-3 hours, for a total of 7-8 per night. The criteria noted above having been met, 30 Tablets of Lunesta 3mg is medically necessary.