

Case Number:	CM15-0076985		
Date Assigned:	04/24/2015	Date of Injury:	01/30/2007
Decision Date:	05/22/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/22/2015

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:

The injured worker is a 48-year-old male, who sustained an industrial injury on 1/30/2007. Diagnoses have included lumbar radiculopathy, low back pain, lumbar disc disorder and lumbar post-laminectomy syndrome. Treatment to date has included magnetic resonance imaging (MRI), lumbar surgery, intrathecal pump and medication. According to the progress report dated 3/6/2015, the injured worker complained of increased pain since the last visit. He complained of low back pain and right leg radicular pain. He rated his pain with medications as 8/10 and without medications as 9/10. Quality of sleep was poor. Current medications included Amitiza, Lunesta, Miralax and Neurontin. The injured worker had a right sided antalgic gait. Exam of the lumbar spine revealed loss of normal lordosis. Range of motion was restricted due to pain. Lumbar facet loading was positive on both sides. Tenderness was noted over the sacroiliac spine. Authorization was requested for Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta tablets 3mg, #15: 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, Eszopiclone (Lunesta); Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 requested medication falls in the category of medications recommended for the treatment of insomnia. Therefore, the request is medically necessary.