MAXIMUS Federal Services

Case Number:	CM15-0079558		
Date Assigned:	04/30/2015	Date of Injury:	12/17/1992
Decision Date:	05/29/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/27/2015

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
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 76 year old female, who sustained an industrial injury on 04/10/2015. On provider visit dated 04/02/2015 the injured worker has reported low back pain and lower extremity pain. On examination was noted to have fatigue, uncomfortable appearing, antalgic gait, and moves stiffly on and off exam table. The diagnoses have included failed back surgery syndrome, lumbar with instable low back pain secondary to industrial injury, spinal cord stimulator, lumbar radiculopathy, moderate functional level and long acting short opioid treatment. Treatment to date has included pain medication and sleep medication. The provider requested refill of Lunesta 3mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #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, Mental Illness & Stress.

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 Lunesta 3mg #30, is not 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 low back pain and lower extremity pain. On examination was noted to have fatigue, uncomfortable appearing, antalgic gait, and moves stiffly on and off exam table. The treating physician has not documented details of current insomnia nor sleep hygiene modification attempts, nor rule out other causes of insomnia. The criteria noted above not having been met, Lunesta 3mg #30 is not medically necessary.