MAXIMUS Federal Services

Case Number:	CM15-0098170		
Date Assigned:	05/29/2015	Date of Injury:	09/23/2004
Decision Date:	07/15/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/21/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 59 year old female who sustained an industrial injury on 09/23/2004. Diagnoses include left sciatica, L5-S1 arthrodesis status, depression, lumbar radiculitis, and numbness, post laminectomy syndrome in the lumbar region, lumbar degenerative disc disease, low back pain and chronic pain syndrome. Treatment to date has included diagnostic studies, medications, home exercises, and epidural steroid injections. She does yoga and works part time. A physician progress note dated 04/23/2015 documents the injured worker complains of low back and left lower extremity pain. She has an epidural steroid injection scheduled and is very pleased; her last epidural injection gave her significant relief. With her present medications, she is able to exercise more and work with less pain. Her level of pain is 8 out of 10 without medications and 3 out of 10 with medications. She continues to have moderate tenderness in the paraspinal muscles. Range of motion is still decreased in flexion and extension. She has problems with dorsiflexion of the left foot, and sensation is decreased in the left lateral leg. Straight leg raising is positive on the left. She has a less antalgic gait than her last appointment. The Urine Drug Screen done on 03/26/2015 was consistent with medications. The injured workers medications include Norco, Gralise, Lunesta, Desyrel, Celexa, Aldactone, Zantac and Zocor. The treatment plan includes a new prescription for Xanax for anxiety; Norco was dispensed, and a return visit in one month. Treatment requested is for Lunesta 3mg, 1 tab at bedtime as needed #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg, 1 tab at bedtime as needed #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), Pain - Insomnia treatment.

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, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Lunesta treatment. Finally, there is no indication that Lunesta is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta is not medically necessary.