MAXIMUS Federal Services

Case Number:	CM14-0161304		
Date Assigned:	10/06/2014	Date of Injury:	08/29/2010
Decision Date:	10/16/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/01/2014

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 35 year old female with an industrial injury dated 08-29-2010. Medical record review indicates she is being treated for pain in joint lower leg, pain-psychogenic, pain in joint-shoulder, internal derangement knee, pain in joint-forearm, reflex sympathetic dystrophy and lumbago. She presents on 08-18-2014 post right shoulder and right knee surgery dated 06-26-2014. The provider documents "the patient has had trouble sleeping for quite some time." She has trialed Seroquel as well as many other medications, and Lunesta has been the sleep aid that has been working." "We trialed Lunesta 1 mg at last visit and the patient reports she is stable on this medication. She states her sleep has improved significantly." Objective findings (08-18-2014) document "patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness or suicidal ideation." She was alert and oriented. Her current medications were Spironolactone, Amitriptyline, Hydrocodone-APAP, Naproxen, Lunesta, Elocon, Fish Oil, Myocalm and Serenagan. Prior treatment included Seroquel and Mirtazapine for sleep. In the progress note dated 04-30-2014 the provider documented "It does seem the patient is still not getting adequate sleep due to her constant pain." She had been taking Mirtazapine for sleep which was discontinued and Seroquel was requested. The provider documented "Mirtazapine ineffective." In the progress note dated 07-21-2014 the provider noted "She has trialed Seroquel, however it was discontinued due to a weight gain and ineffectiveness." Seroquel was discontinued and Lunesta was requested on 07-21-2014. The treatment request is for Lunesta 1 mg, #30. On 09-15-2014 the request for Lunesta 1 mg # 30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg, #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- Treatment in worker's Compensation, Integrated Treatment/Disability Duration 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 (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 discussions regarding how frequently the insomnia complaints occur or how long they have been occurring, and no statement indicating what behavioral treatments have been attempted for the condition of insomnia. 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.