

Case Number:	CM13-0070605		
Date Assigned:	01/08/2014	Date of Injury:	07/01/2011
Decision Date:	04/21/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/24/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in New York and North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 50 year man old originally injured 7/1/11, when working as a roofer, carrying a bundle of shingles and heard a pop and experienced low back pain. He now has chronic lumbar pain and L5-S1 disc herniation, chronic left leg radicular symptoms, chronic headaches, and left wrist ganglionic cyst from using a cane. He is requesting Lunesta 2 mg every night for insomnia secondary to pain. He is working with restrictions

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LUNESTA 2MG: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Eszopicolone (Lunesta[®]) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Dosing: 1-2 mg for difficulty falling asleep; 2-3 mg for sleep maintenance. The drug has a rapid onset of action. The request for Lunesta is appropriate for longer-term use, as noted by the Official Disability Guidelines (ODG). Per the 5/7/12 report, the

patients is sleeping well as long as he has lidocaine patches on. He is noted to not have lidocaine patches any longer 12/20/12, but there is no mention of sleep difficulties as a result until 3/11/13. On an assessment 8/6/13, the pain specialist notes that it takes him about 30-60 minutes to go to sleep, and he awakens on the average of four times per night. He notes that the patient takes sleep medication - amitriptyline 25 mg (although previously prescribed for pain). He was prescribed Ambien at that time, 5-10 mg at bedtime. He also gave him training on proper sleep hygiene. The patient reported that he awakened 3 times per night with the use of Ambien. On the visits to the pain specialist 11/7/13, he notes that he is getting continued benefit with the Ambien for his insomnia, stating that his ability to fall asleep, stay asleep and awaken feeling well-rested. The request for 1 prescription of Lunesta 2 mg is medically necessary and appropriate.