

Case Number:	CM13-0071677		
Date Assigned:	01/08/2014	Date of Injury:	09/25/2000
Decision Date:	07/30/2014	UR Denial Date:	12/04/2013
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 Internal Medicine and is licensed to practice in New York. 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 42 year old male who sustained a work related injury on 09/25/2000. The mechanism of injury was not provided for review. His diagnoses include chronic low back pain, left ankle pain, bilateral knee pain, right shoulder pain, psychological problems and sleep disturbance. There was no physical exam noted. He is maintained on medical therapy which includes Wellbutrin, Klonopin, Lunesta, and Trazadone. The treating provider has requested Lunesta 3 mg #35.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 3MG, #35: 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2014: Lunesta.

Decision rationale: Eszopiclone, marketed by Sunovion under the brand-name Lunesta, is a nonbenzodiazepine hypnotic which is slightly effective for insomnia. Eszopiclone is slightly effective in the treatment of insomnia where difficulty in falling asleep is the primary complaint.

Kirsch et al. found the benefit over placebo to be of questionable clinical significance. Although the drug effect and the placebo response were rather small and of questionable clinical importance, the two together produce a reasonably large clinical response. It is not recommended for chronic use in the elderly. The documentation indicates the claimant is maintained on both Trazadone and Lunesta. Both medications are used to treat sleep disturbances but not usually in combination. The medical necessity for the requested item has not been established. The requested item is not medically necessary.