

Case Number:	CM14-0001787		
Date Assigned:	01/22/2014	Date of Injury:	01/04/2006
Decision Date:	03/25/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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:

This injured worker's original date of injury was 01/04/2006. She had a fall 12/22/12. Her physician is treating her chronic headache pain. The patient has a history of a nose fracture. The request is for a prescription of Lunesta (eszopiclone).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The treating physician's report dated 11/4/13 states he is treating the patient for pain in her nose and headaches. His diagnoses includes secondary insomnia due to chronic pain, and post traumatic post concussion headaches. He requested Lunesta 3 mg for sleep difficulty due to chronic pain. There is one study confirming its efficacy for 6 months time. Abrupt withdrawal can cause side effects, which include seizures. There is no documentation regarding the length of time the Lunesta has been in use. There is no documentation about efforts

made to address non-pharmacologic means of improving sleep through improvement in sleep hygiene. The request for Lunesta is non-certified based on the documentation provided.