

Case Number:	CM14-0109325		
Date Assigned:	08/01/2014	Date of Injury:	09/26/2011
Decision Date:	10/22/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/14/2014

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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Pain Medicine 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 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 59 years old male was injured on 9/26/11 with related neck, mid back, lumbar, and left elbow pain. Per progress report dated 6/13/14, the injured worker described his pain as burning, aching, and sensation of pins and needles, and rated the pain 6/10 in intensity with medications, and 9/10 without medications. Per physical exam, there was bilateral tenderness and spasms of the cervical and trapezius muscles. Bilateral tenderness and spasms of the L3-L5 paraspinal muscles were noted. MRI of the lumbar spine dated 12/2/11 revealed lumbar hypertrophic facet arthropathy, primarily at L3-L4 and L4-L5 with small facet effusions. Left eccentric disc bulge at L4-L5 displacing and encroaching the left L5 nerve root. mild compromise of left L4-L5 neural foramen. MRI of the thoracic spine revealed effusion at C7-T1 with mild right foraminal narrowing. Early anterior disc and endplate degeneration at multiple levels. Treatment to date has included physical therapy and medication management. The date of UR decision was 6/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lunesta 3mg #30 x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress: Eszopicolone (Lunesta) See also: Pain Chapter

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

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action." The documentation submitted for review do not contain information regarding sleep onset, sleep maintenance, sleep quality, and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. The request is not medically necessary.