

Case Number:	CM14-0010143		
Date Assigned:	02/21/2014	Date of Injury:	06/22/2007
Decision Date:	06/26/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/24/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

This is a 53-year-old female with a 6/22/07 date of injury. She was a child development site supervisor for [REDACTED] when she injured her lower back. A progress note dated 12/12/13 notes the patient presented for a refill of her medication and would like to start back on her Norco. She has a long history of chronic lower back pain with right lower extremity pain in the L3-L5 dermatomes. She rates her pain as a 7/10. The patient did not have a Fentanyl prescription renewed so was noted to have some withdrawal symptoms. Objective exam: antalgic gait requiring a cane, anxious, and decreased lumbar ROM. A psychiatric note on 1/23/14 indicated the patient stopped taking Viibryd due to excessive drowsiness. The plan of care notes to discontinue Lunesta. Diagnostic Impression: Lumbar Disc Disease, Radiculitis, Post-Laminectomy Syndrome. A UR decision dated 12/24/13 denied the request for Lunesta stating that Lunesta is a sedative-hypnotic used for the treatment of insomnia. There is no discussion as to the efficacy of this medication and no documentation of trial and failure of non-pharmacological sleep therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 2MG QTY 30, 30 DAY SUPPLY REFILL O: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: CA MTUS does not address this issue. ODG states Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia; it is a schedule IV controlled substance that has potential for abuse and dependency; side effects: dry mouth, unpleasant taste, drowsiness, dizziness; sleep-related activities such as driving, eating, cooking and phone calling have occurred; and withdrawal may occur with abrupt discontinuation. However, there is no clear documentation of insomnia in this patient. There is no discussion of failure of other alternatives to treat insomnia, such as proper sleep hygiene. In addition, on the psychiatric note provided, the patient was noted to have excessive sleepiness requiring her to discontinue one of her medications and the plan of care notes to discontinue Lunesta. This request, as submitted, is not medically necessary.