

Case Number:	CM14-0012786		
Date Assigned:	02/21/2014	Date of Injury:	01/08/2007
Decision Date:	08/04/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational 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 patient is a 57-year-old male who has submitted a claim for post lumbar laminectomy syndrome, lumbar disc disorder, chronic pain syndrome, depression, and hypertension associated with an industrial injury date of January 8, 2007. Medical records from 2013 were reviewed. Patient complained of low back pain described as throbbing, rated 5/10 in severity. Quality of sleep had improved upon use of Lunesta, averaging 6 1/2 hours per night. Patient reported functional benefits from medication use. No medication abuse was suspected. Physical examination showed tenderness at the paralumbar muscles. Motor testing was limited by pain. Treatment plan included slow tapering off medications. Treatment to date has included lumbar surgery, and medications such as oxycodone, Cymbalta, morphine, and Lunesta. Utilization review and from January 13, 2014 denied the request for Lunesta 3 mg q. h.s. #30 because long-term use is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 3 MG, QTY: 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Pain Section, Lunesta.

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

Decision rationale: The California MTUS does not specifically address Eszopiclone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the ODG was used instead. It states that 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. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. In this case, the initial date of Lunesta use is unknown. Recent progress report cited that it was prescribed for opioid-induced insomnia. Quality of sleep had improved upon its use, averaging 6 1/2 hours per night. Continuing prescription of Lunesta is reasonable at this time. Therefore, the request for Lunesta 3MG #30 is medically necessary.