

Case Number:	CM14-0017560		
Date Assigned:	04/18/2014	Date of Injury:	04/28/2003
Decision Date:	06/30/2014	UR Denial Date:	02/01/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine (HPM), and is licensed to practice in Pennsylvania. 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 injured worker is a 34-year-old male with a date of injury of 04/28/2003. The submitted and reviewed documentation did not identify the mechanism of injury. A Utilization Review performed by [REDACTED] on 02/04/2013 indicated eszopiclone (Lunesta) was originally prescribed on 06/25/2012 for a pain-related sleep disorder. [REDACTED] office visit notes dated 07/15/2013, 09/09/2013, 11/15/2013, and 01/23/2014 reviewed the member's unchanged pain symptoms, pain intensity, functional state, and normal examination. The medications included eszopiclone, etodolac, and hydrocodone/APAP for pain management. The note dated 11/15/2013 indicated the worker requested an increased dose of the eszopiclone from 2 mg to 3 mg. The reason(s) the request was made and the rationale of why the dose remained stable was not recorded. [REDACTED] office visit note on 01/23/2014 mentioned that the worker's sleep was "sporadic" when he did not take the eszopiclone and that he described his sleep as "restless," but it did not discuss these issues further. There further was no documentation of recent non-pharmacologic treatment options, exploration of the member's sleep hygiene, assessment of the specific components of sleep, review of daytime sleepiness, or mention of adverse effects. A Utilization Review decision was rendered on 01/31/2014 recommending non-certification for continued eszopiclone (Lunesta).

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LUNESTA 2MG, #15: 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), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S., et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. *Journal of Clinical Sleep Medicine*. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline); Bonnet M. H., et al. Insomnia Treatment, Topic 7691, Version 24.0. UpToDate. Accessed 06/20/2014; and Chawla J., et al. Reference Topic Insomnia, Medscape. <http://emedicine.medscape.com/article/1187829-overview#aw2aab6b2b2>. Acce

Decision rationale: The MTUS Guidelines are silent on the topic of insomnia. The 2008 American Academy of Sleep Medicine (AASM) Guidelines and literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. The treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects and evaluation of new or exacerbate issues should occur. Eszopiclone (Lunesta) is included in the classes of drugs that are recommended for initial pharmacotherapy when medications are necessary. However, the use for longer than two to four weeks should be avoided if possible. In this case, the documentation submitted and reviewed did not address the worker's insomnia in a meaningful way. There was no recent documentation indicating the type or cause of the condition, other issues that may be associated, specific sleep components (such as sleep onset, maintenance, quality, or daytime sleepiness), benefits of eszopiclone therapy, or its adverse effects. No sleep diary data was recorded or reviewed. There was no indication that non-pharmacologic interventions were recently suggested or tried. Further, there was no mention of any discussions pertaining to the worker's sleep hygiene. On 11/15/2013, [REDACTED] office visit note indicated that the worker requested an increase in the eszopiclone dosage, but there was no documentation of the reason(s) or any further discussion of the issue. [REDACTED] office visit note on 01/23/2014 mentioned that the worker's sleep was "sporadic" when he did not take the eszopiclone and that he described his sleep as "restless", but it did not discuss these issues in any detail. In the absence of any documentation of benefit or need for continued pharmacologic treatment, the request for eszopiclone (Lunesta) is not medically necessary.