

Case Number:	CM14-0129759		
Date Assigned:	08/20/2014	Date of Injury:	10/30/1984
Decision Date:	10/03/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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 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:

This is a 67-year-old female with a 10/30/84 date of injury; the mechanism of the injury was not described. The patient underwent laminectomy with L4-L5 fusion in 2010. The authorization for Lunesta dated 5/12/14 was modified for the purpose of tapering the patient off this medication. The patient was seen on 2/11/14 with complaints of unchanged 6/10 sharp pain in the neck. The patient underwent cervical ESI on 1/24/13. The patient reported difficulty sleeping and requested refills on Lunesta, Flector patches and Zanaflex. Exam findings of the cervical spine revealed tenderness to palpation over the right and left suboccipital region right and left upper cervical facets and left and right paravertebral. The range of motion in the cervical spine was decreased and there was spasm in the trapezial muscles. The diagnosis is cervicgia, headache. Treatment to date: acupuncture, ESI injections, heat/cold treatment, massage therapy, physical therapy and medications. An adverse determination was received on 8/4/14 given that there was a lack of documentation as to why the patient was not tapered from Lunesta nor documentation to support long-term use of Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESZOPICLONE 1 MG #30: 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-Lunesta

Decision rationale: ODG states Eszopicolone (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. The progress report stated that the patient was taking Lunesta 2 mg at least from 2/11/14. However, there is a lack of documentation with regards to the patient's sleep hygiene, sleep improvement with Lunesta or any side effects with this medication. In addition, the authorization for Lunesta dated 5/12/14 was modified for the purpose of tapering the patient off this medication. There is a lack of documentation indicating that the patient started the weaning process. In addition, there is no clear rationale with regards to the prolonged treatment with Lunesta. Therefore, the request for Eszopicolone 1mg #30 is not medically necessary.