

Case Number:	CM14-0137561		
Date Assigned:	09/05/2014	Date of Injury:	01/15/2008
Decision Date:	10/02/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine & Rehab, has a subspecialty in Interventional Spine 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 59 year old male with an injury date of 01/15/08. The 07/24/14 progress report by [REDACTED] states that the patient presents with episodes of severe depression and other psychotic tendencies along with cycles of pain (unspecified) and social withdrawals. With current levels of medication the patient maintains his lifestyle, has been more social and more functional in terms of ability to walk longer, perform daily activities and live an independent lifestyle. Without medications the patient significantly withdraws socially and becomes bedridden with pain (unspecified) and relies on others for care. With medication pain is 6/10 and without it is rated 9+/10. The patient is on temporary total disability. Examination reveals some tenderness in cervical paraspinal musculature extending into the trapezium musculature. Compression is positive and causes radicular pattern of pain in the right upper extremity. There is diffuse tenderness in the bilateral shoulders. There is full but painful range of motion. The patient also presents with muscle tightness in the lower back without acute muscle spasm. Straight leg raise is positive on the right. The patient's diagnoses include:1. Chronic myofascial pain in the right paracervical and trapezius musculature and lumbar paraspine musculature2. Left upper extremity radicular symptoms3. Bilateral shoulder pain4. NCV evidence of bilateral carpal tunnel syndrome5. Bilateral knee pain with positive MRI findings6. Opioid withdrawal syndrome stable when receiving opioids regularly7. Depression and insomnia requiring ongoing psychiatric care and psychotropic medication. Medications are listed as Opana, Neurontin, Zanaflex, Naprosyn, Omeprazole. Medications prescribed by others are listed as, Lunesta, Acyclovir, Cymbalta, Trazodone, Marijuana through prescription card for medicinal purposes. The utilization review being challenged is dated 08/15/14. The rationale is that MTUS and ACOEM do not address Lunesta. Treatment reports were provided from 02/04/14 to 07/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Page(s): 8.

Decision rationale: The patient presents with chronic myofascial pain, pain in the right upper extremity, the bilateral shoulders, and bilateral knee along with opioid withdrawal syndrome and depression and insomnia. The treating physician requests for Lunesta (eszopiclone) 3 mg. #30. This is a medication listed as prescribed by others on reports by [REDACTED] from 03/04/14 to 07/24/14. Documentation shows [REDACTED] office requesting for Lunesta. ODG insomnia chapter guidelines state that this medication has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007). The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. ODG guidelines pain chapter and mental chapter state the medication is not recommended for long term use. In the reports provided from [REDACTED] and [REDACTED] office no discussion is made of the intended use or efficacy of this medication. MTUS guidelines page 8 states the treating physician must monitor the patient's progress and make appropriate recommendations; therefore the request is not medically necessary.