

Case Number:	CM14-0173040		
Date Assigned:	10/23/2014	Date of Injury:	02/14/2011
Decision Date:	12/02/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/20/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 45 year old patient with date of injury of 02/14/2011. Medical records indicate the patient is undergoing treatment for chronic pain syndrome involving the left upper extremity. Subjective complaints include difficulty sleeping, ongoing pain in left forearm and dorsal aspect of his left wrist. Objective findings include left shoulder forward flexion of 170 degrees, abduction to 170 degrees, external rotation 70 degrees, and internal rotation to the point where his thumb touched the T12 spinous process. The impingement and adduction signs were negative. Patient had normal range of motion of the left elbow, no tenderness to palpation over the left medial or lateral epicondyle, Tinel's sign is negative, and Phalen's sign is negative and a normal nerve conduction study. Treatment has consisted of EMG/NCV, mediations, physical therapy, naproxen, tramadol ER, Ambien 10mg, cortisone injections and wrist braces. The utilization review determination was rendered on 10/15/2014 recommending non-certification of Lunesta 1mg #60, 1 tab at night as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg #60, 1 tab at night as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Pain - Insomnia Treatment

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

Decision rationale: ODG states regarding Eszopicolone, "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase." For insomnia ODG recommends that "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical records do not indicate the treating physician discussed the components of sleep hygiene such as "a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical records do not indicate the patient was treated with conservative measures, and the results of those conservative treatments. In addition, the treating physician discusses depression but does not document a Becks depression score. The utilization reviewer modified the request to allow for weaning of Lunesta. As such, the request for Lunesta 1mg #60, 1 tab at night as needed is not medically necessary.