

Case Number:	CM14-0056740		
Date Assigned:	07/09/2014	Date of Injury:	09/12/2006
Decision Date:	09/05/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 51-year-old male with a 9/12/06 date of injury, when he injured his upper extremities and lower back while lifting and pulling boxes. The patient underwent arthroscopy for adhesive capsulitis in 2009. The patient was seen on 09/16/13 with complaints of low back pain with radicular symptoms in the lower extremities, right shoulder pain and cervical spine pain. The patient underwent lumbar epidural injection with 50 % relief and was awaiting second injection at that time. Exam findings revealed blood pressure 149/99, pulse 79 and weight 175 pounds. Range of motion of the lumbar spine was: flexion 50 degrees, extension 10 degrees and right and left bending were 30 degrees. The patient was seen on 3/27/14 with complains of headache, depression and anxiety. The patient was taking Tylenol, Protonix 20mg, Xanax 0.25mg and Lunesta 2 mg for insomnia at night. He did not report any side effects from the current medication. Exam findings revealed blood pressure 127/87 and pulse 63. The diagnosis is status post arthroscopy with adhesive capsulitis (09/13/09), lumbago, thoracic sprain/strain, neurotic anxiety, depression and insomnia. Treatment to date: lumbar epidural steroid injections, work restrictions and medications. An adverse determination was received on 4/3/14. The determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30 d/s 30 (Eszopiclone): 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: CA MTUS does not address this issue. ODG states 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; 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 patient has been taking Lunesta from at least 3/27/14. However, there is a lack of documentation indicating that the patient's sleep improved with the medication and there is no rationale for the need of Lunesta at this time. Therefore, the request for Lunesta 2mg #30 d/s 30 is not medically necessary.