

Case Number:	CM14-0063145		
Date Assigned:	07/18/2014	Date of Injury:	01/11/2011
Decision Date:	09/30/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/05/2014

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 Family 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:

The patient is a 58 year-old man who was injured at work on 1/11/2011. The injury was primarily to his right upper extremity including his wrist and elbow. He is requesting review of denial for Lunesta 2 mg #30 with 6 refills. The medical records corroborate ongoing care for his injuries. His chronic diagnoses include the following: Pain in Joint/Forearm; Pain in Joint/Upper Arm; Carpal Tunnel Syndrome; and Degeneration Lumbar Disc. Treatment has included surgery for carpal tunnel syndrome and for a ganglion cyst of his wrist. He has also received prescriptions for the following: Pantoprazole, Fluoxetine, Gabapentin, Hydrocodone/APAP, Nabumetone, Ketamine Cream, Aspirin, and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30 6 refills: 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): Pain Chapter, 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) , Pain (Chronic), Insomnia Treatment.

Decision rationale: The Official Disability Guidelines comment on the treatment of insomnia. These guidelines recommend that treatment be based on the etiology of insomnia. Further, 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." The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning.

Pharmacologic Treatment: There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & melatonin receptor agonists; & (4) Over-the-counter medications. The majority of studies have only evaluated short-term treatment (i.e., 4 weeks) of insomnia; therefore more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. In 2007, the FDA requested that manufacturers of all sedative-hypnotic drugs strengthen product labeling regarding risks (i.e., severe allergic reactions and complex sleep-related behaviors, such as sleep driving). It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Regarding the specific drug in question, Lunesta, this drug is in a class called "non-benzodiazepine sedative-hypnotics (benzodiazepine-receptor agonists). Eszopicolone (Lunesta) is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Recommended dosing is: 1-2 mg for difficulty falling asleep; 2-3 mg for sleep maintenance. In this case, there is no evidence that there has been an evaluation of the potential causes of sleep disturbance in this patient. There is no documentation for any of the specific components of insomnia described above. There is no documentation to support an assessment for psychiatric and/or medical illness as the cause of this patient's sleep disturbance. There is no documentation as to effect of Lunesta on this patient's relevant outcomes including pain control and function. Providing 6 refills of Lunesta is not consistent with above mentioned concerns on the safety of long-term use of medications such as this for the treatment of insomnia. Given these concerns, there is insufficient documentation to support the chronic use of Lunesta.