

Case Number:	CM14-0070677		
Date Assigned:	07/14/2014	Date of Injury:	12/01/2004
Decision Date:	09/12/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/15/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 12/1/04. A utilization review determination dated 5/9/14 recommends non-certification of Lunesta. 4/8/14 medical report identifies carpal tunnel syndrome and disc disease. There is reported functional loss, aching, stiffness, and weakness. On exam, there is tenderness and decreased ROM in the lumbar spine and shoulder. Recommendations included medications, MRI of the right shoulder, hand surgery consultation, and a weight reduction program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective use (04/23/13-present) the ongoing use of the Lunesta oral tab 1mg (duration and frequency unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter (Official Disability Guidelines)Other Clinical Protocol.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Mentall Illness & Stress and Pain Chapters, Eszopicolone (Lunesta).

Decision rationale: Regarding the request for Lunesta, California MTUS does not address the issue. ODG notes that it is recommended for short-term use, but not for long-term use. More specifically, they recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase, as they can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Within the documentation available for review, there is no clearly demonstrated efficacy of the medication despite long-term use and no clear rationale for ongoing use given the recommendations of ODG. In light of the above issues, the currently requested Lunesta is not medically necessary.