

Case Number:	CM14-0081350		
Date Assigned:	07/18/2014	Date of Injury:	03/17/2002
Decision Date:	08/29/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/03/2014

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 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:

According to the records made available for review, this is a 55-year-old male with a 3/17/02 date of injury. At the time (5/9/14) of request for authorization for Eszopiclone 2 MG #30 with 3 refills, there is documentation of subjective (pain that starts in the neck and goes down the shoulder, arm and hand) and objective (slow range of motion of the neck secondary to pain) findings. The patient's current diagnoses included degeneration of cervical intervertebral disc and brachial neuritis or radiculitis. The treatment to date includes exercises, acupuncture, physical therapy, epidural steroid injections, radiofrequency ablation, and medications including ongoing use of Lunesta (Eszopiclone). There is no documentation of insomnia; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Eszopiclone use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 2 MG #30 with 3 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.

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 Chapter, Insomina treatment.

Decision rationale: The MTUS does not address this issue. The ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia which includes Eszopiclone. In addition, ODG identifies that Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degeneration of cervical intervertebral disc, brachial neuritis or radiculitis. In addition, there is documentation of ongoing treatment with Eszopiclone. However, there is no documentation of insomnia. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Eszopiclone use to date. Therefore, based on guidelines and a review of the evidence, the request for Eszopiclone 2 MG #30 with 3 refills is not medically necessary.