

Case Number:	CM13-0025295		
Date Assigned:	11/20/2013	Date of Injury:	01/17/2007
Decision Date:	01/19/2015	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

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 56-year-old patient with date of injury of 01/17/2007. Medical records indicate the patient is undergoing treatment for shoulder pain and lumbar facet syndrome. Subjective complaints include bilateral shoulder pain, poor quality of sleep. Objective findings include slowed gait, cervical range of motion (ROM) flexion 40 degrees, extension 15 right and left lateral bend 25. There was paravertebral muscle spasm, tenderness and tight muscle band noted bilaterally; lumbar facet loading positive on right; strain leg test positive on left; ankle jerk is on right and 2/4 on left; patellar jerk is 1/4 on right and 2/4 on left. ROM includes: right shoulder range of motion flexion and abduction limited to 170 degrees; left shoulder range of motion flexion 160 degrees, extension 40 abduction 160, internal rotation 50, external rotation 60; left patellar grind test is positive and McMurray's test positive on left. MRI lumbar spine on 09/29/2011 revealed broad-based right L3-4 foraminal disc protrusion without impingement and small foraminal protrusion on the right at L4-L5 without neural impingement. MRI right shoulder on 05/19/2009 revealed focal supraspinatus with undersurface partial tearing, biceps tendinosis with tearing of the biceps anchor which could be a degenerative SLAP lesion. Treatment has consisted of physical therapy, Dulcolax, Ibuprofen, Norco, Lunesta and Pravastain. The utilization review determination was rendered on 09/09/2013 recommending non-certification of LUNESTA 3MG #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 3MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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, insomnia, Mental Illness, Eszopicolone (Lunesta).

Decision rationale: MTUS is silent specifically regarding eszopicolone (Lunesta), therefore other guidelines were utilized. 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 patient's sleep hygiene or the need for variance from the guidelines, such as: a) Wake at the same time everyday; (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 documents indicate that the patient has been on Lunesta in excess of guideline recommendations. Additionally, medical records do not indicate what components of insomnia have been addressed, treated with conservative measures, and the results of those conservative treatments. As such, the request for LUNESTA 3MG #30 is not medically necessary.