MAXIMUS Federal Services

Case Number:	CM14-0188207		
Date Assigned:	11/18/2014	Date of Injury:	01/13/2013
Decision Date:	01/08/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/12/2014

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 Ca. 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 61-year old female patient who sustained a work related injury on 1/13/13. The exact mechanism of injury was not specified in the records provided. The current diagnoses include facet inflammation along the neck associated with headaches, impingement syndrome along shoulder on the left, left shoulder sprain/strain, cervical sprain/strain, cervical degenerative disc disease, cervical stenosis and cervical disc protrusion and chronic pain syndrome. Per the doctor's note dated 10/14/14, patient has complaints of pain in the neck and left shoulder Physical examination revealed abduction 90 degrees with discomfort with weakness to resisted function, positive impingement sign, tenderness along the cervical spine and positive facet loading test. The current medication lists include Naproxen, Tramadol, Lunesta, Nalfon400, Flexeril7.5, Lisinopril and Metformin. The patient has had MRI Left Shoulder on 06/07/13 that revealed scattered interstitial tearing in the entire subscapular is tendon, supraspinatus and infraspinatus tendinosis without discrete tear, sub acromial and sub deltoid bursitis, mild glenohumeral joint capsular thickening and capsulitis, and reduced distance between the acromion and humeral head correlating symptoms for shoulder impingement; an MRI of neck in July 2014 that revealed facet wear; Nerve studies of upper extremities were unremarkable. The patient's surgical histories include right rotator cuff surgery in 2008; injection in August 2013 and Caesarian section in 1982 and 1987. Other therapy done for this injury was not specified in the records provided. The patient has used a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter PAIN date; 10/06/14 Eszopicolone (Lunesta) Mental Chapter. Mental Illness & Stress (updated 10/23/14) Eszopicolone (Lunesta)

Decision rationale: The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline. Not recommended for long-term use, but recommended for short-term use. Per the records provided, the date of injury was approximately 2 years ago. The duration of use of the Lunesta is not specified in the records provided. A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. As per cited guidelines, 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. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Per the cited guideline use of this medication can be habit-forming, and it may impair function and memory more than opioid pain relievers. The request for Lunesta 2mg #30 is not medically necessary.