

Case Number:	CM14-0191812		
Date Assigned:	11/25/2014	Date of Injury:	09/10/2002
Decision Date:	01/14/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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 and Rehabilitation 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 69-year old male sustained a work related injury on September 10, 2002. The mechanism of injury was not described. The injured worker was diagnosed with degeneration of lumbar/lumbosacral intervertebral disc, unspecified neuralgia, neuritis, and radiculitis and displacement of lumbar intervertebral disc without myelopathy. Treatment included laboratory studies, prescribed medications, HELP program, home exercise program, sleep hygiene program and follow up visits. The treating physician documentation dated November 5, 2013 revealed that the injured worker was doing well after completing the HELP program and that he was able to sleep 4-5 hours with Lunesta and was unable to sleep without the medication. According to the treating physician report dated May 7, 2014, the injured worker continued to complain of constant low back pain that is managed with prescribed medications. Documentation noted that he follows a sleep hygiene program and he is averaging 3-6 hours with Lunesta and remains unable to sleep without medication. As of May 7, 2014, the injured worker remains out of work. The treating physician prescribed a request for retrospective Lunesta tabs 3mg #30 for date of service September 22, 2014. On October 29, 2014, Utilization Review evaluated the prescription for retrospective Lunesta tabs 3mg #30 requested on October 9, 2014. Upon review of the clinical information, UR noncertified the retrospective request for Lunesta tabs 3mg, noting the non-recommendation for long-term use in accordance with the ODG-TWC guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lunesta tabs 3mg #30 DOS: 9/22/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Guidelines Mental Illness Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health & Pain Chapters, Eszopicolone (Lunesta)

Decision rationale: The patient presents with constant low back pain and numbness and tingling affecting the legs. The current request is for Retrospective Lunesta tabs 3mg #30. The treating physician states "He is able to sleep 4-5 hrs with Lunesta- without he does not sleep. (35) ACOEM, ODG guidelines state Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. Given the current accepted safety of the medication. Therefore, Retrospective Lunesta tabs 3mg #30 DOS: 9/22/14 is medically necessary.