

Case Number:	CM14-0196952		
Date Assigned:	12/05/2014	Date of Injury:	07/21/1995
Decision Date:	01/22/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 21, 1995. Thus far, the applicant has been treated with analgesic medications; earlier lumbar laminectomy surgery; unspecified amounts of physical therapy; adjuvant medications; and sleep aids. In a November 6, 2014 Utilization Review report, the claims administrator approved a request for Lyrica while apparently partially approving Lunesta for weaning purposes. The claims administrator suggested that its decision was based on an October 20, 2014 progress note. In an October 30, 2014 Request for Authorization form, Norco, Hytrin, Prilosec, Flexeril, Duragesic, Lunesta, and Lyrica were sought for ongoing complaints of low back pain. In an associated progress note of October 20, 2014, the applicant reported ongoing complaints of low back pain. The applicant posited that his medications were working well. The applicant stated that his quality of life and activity level had increased. This was not elaborated or expounded upon. The applicant was using Hytrin, Prilosec, Lunesta, Flexeril, Lyrica, Duragesic, Norco, Advair, Mevacor, Metformin, Androgel, and Zestril. The applicant was status post earlier L5-S1 lumbar laminectomy and fusion. The applicant was overweight with a BMI of 29. The applicant was asked to continue Lunesta for sedative effects. The applicant was not working with permanent limitations in place, it was acknowledged. In an earlier progress note of September 25, 2014, the applicant was again described as using Lunesta for sedative effect as of that point in time. On August 28, 2014, the applicant was, once again, described as using Lunesta for sedative effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg 1 tab PO at bedtime #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, Pain/Insomnia Treatment, Eszopiclone (Lunesta)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Eszopiclone

Decision rationale: The MTUS does not address the topic. However, Official Disability Guidelines Mental Illness and Stress Chapter, Eszopiclone Topic, notes that Lunesta or Eszopiclone is not recommended for long-term use but recommended for short-term use purposes, for insomnia. The applicant has been using Lunesta on three consecutive office visits, referenced above, throughout mid and late 2014. The applicant was, thus, seemingly using Lunesta for long-term use purposes. Such usage is incompatible with the Official Disability Guidelines. The attending provider did not proffer any compelling applicant-specific rationale or medical evidence which would support continued usage of Lunesta. Therefore, the request is not medically necessary.