

Case Number:	CM14-0200014		
Date Assigned:	12/10/2014	Date of Injury:	10/23/2012
Decision Date:	01/29/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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 Practice 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 is a 49 year old female patient who sustained a work related injury on 10/23/12 Patient sustained the injury due to slip and fall incident The current diagnoses include Grade I spondylolisthesis L5 on S1 with facet arthropathy, left leg radiculopathy and right lateral epicondylitis and Left leg radiculopathy Per the doctor's note dated 11/10/14, patient has complaints of right shoulder and elbow pain at 5/10 and low back pain radiating into the buttocks bilateral, and down the bilateral posterior thighs through the calves into the planter aspect of the feet, at 5/10 Physical examination of the right shoulder, elbow and forearm revealed limited range of motion, tenderness on palpation and Positive impingement sign on the right and Positive Neer's sign on the right, Positive Mill's and Cozen's test on the right. Physical examination of the lumbar region revealed low guarded gait with a slight limp favoring the right lower extremity, tenderness on palpation, decreased sensation over the left L3 and L4 dermatome distribution, limited range of motion, 5/5 strength and 2+ reflexes; Straight leg raise is negative bilaterally at 90 degrees The current medication lists include Celebrex Lunesta and Protonix The previous medication list include Restoril The patient has had X-rays of the lumbar spine on 1/6/2014 that revealed lytic grade 1 spondylolisthesis of L5 on S1 with interspinous distance of 4.5 with flexion and 1.4 with extension, anterolisthesis of L5 on S1 with interspinous distance of 5.5 on flexion and 3.5 with extension; MRI scan lumbar spine on 05/28/14 that revealed L5-S1, 2-3mm contained annulus tear posterolaterally on the left beneath posterior disc bulging; x-rays of the lumbar spine on 10/14/14 that revealed evidence of slight grade 1 spondylolisthesis at L5-S1 The patient's surgical history include cesarean section She had received a steroid injection in her elbow for this injury She has had urine drug toxicology The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtwc/pain.html>)

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

Decision rationale: Lunesta (eszopiclone) is a nonbenzodiazepine hypnotic agent is a sedative and is used to treat insomnia that is a Pyrrolopyrazine derivative of the Cyclopyrrolone class. 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." 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. Per the records provided, the date of injury is approximately 2 years ago. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. As per cited guideline "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 medical necessity of the request for Lunesta 3mg is not fully established in this patient; therefore, the request is not medically necessary.