MAXIMUS Federal Services

Case Number:	CM14-0201732		
Date Assigned:	12/12/2014	Date of Injury:	11/05/2011
Decision Date:	02/03/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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 Preventive Medicine, and is licensed to practice in Indiana. 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 53 year old male sustained work related industrial injuries on November 5, 2011. The mechanism of injury involved a fall while loading his delivery truck. The injured worker was diagnosed and treated for neck pain and bilateral shoulder pain. Treatment consisted of diagnostic studies, prescribed medications, urine drug screens, rotator cuff repair (01/26/2012), left biceps repair on 2/24/2012 and manipulation under anesthesia (09/04/2013), MRI of cervical spine (07/18/2013), acupuncture, consultations and periodic follow up visits. According to clinical documentation dated August 5, 2014, the injured worker does not sleep well because of the pain in his shoulder and neck. Documentation noted that he was unable to sleep more than 20 to 30 minutes at a time and he has increased daytime somnolence. Per treating provider report dated October 14, 2014, objective findings revealed a decreased range of motion of the cervical spine and cervical tenderness to palpitation greater on the left. As of October 14, 2014, the injured worker is on modified work restrictions. The treating physician prescribed a retrospective request for Lunesta 2mg #60 now under review.On November 18, 2014, the Utilization Review (UR) evaluated the prescription for Lunesta 2mg #60 requested on November 13, 2014. Upon review of the clinical information, UR non-certified the retrospective request for Lunesta 2mg #60, noting the lack of sufficient clinical documentation with sleep improvement to warrant continued use and the recommendations of the Official Disability 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:

Retro Lunesta 2mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Chapter: Pain (Chronic)

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, Eszopiclone (Lunesta)

Decision rationale: MTUS is silent specifically regarding Eszopiclone (Lunesta), therefore other guidelines were utilized.ODG states regarding Eszopiclone, "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 every day; (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 Eszopiclone for 2 months far exceeding guidelines. Additionally, medical records do not indicate what components of insomnia has been addressed, treated with conservative measures, and the results of those conservative treatments. As such, the request for Lunesta 2mg #60 is not medically necessary.