

Case Number:	CM14-0204781		
Date Assigned:	12/17/2014	Date of Injury:	01/15/1998
Decision Date:	02/11/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 62-year-old woman with a date of injury of 01/15/1998. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/07/2014 and 11/07/2014 and a psychologist note dated 10/07/2014 indicated the worker was experiencing right arm pain, left arm pain, anxious and depressed mood, and decreased sleep due to pain and rumination. Documented examinations consistently described signs of depression, decreased motion in the upper back joints, muscle spasm in the upper back with associated trigger points, decreased right arm joint motion, mild right arm weakness and abnormal sensation. The submitted and reviewed documentation concluded the worker was suffering from major depressive disorder, generalized anxiety disorder, migraine headaches, carpal tunnel syndrome, chronic regional pain syndrome involving the right arm, and C5 radiculopathy. Treatment recommendations included medications, cognitive behavioral therapy, psychiatry evaluation, aqua therapy, relaxation techniques, and a sleep program to decrease rumination was started on 10/07/2014. A Utilization Review decision was rendered on 12/01/2014 recommending non-certification for thirty tablets of Lunesta (eszopiclone) 3mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta tablets 3 mg QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine (AASM) Guideline)

Decision rationale: The MTUS Guidelines are silent on the topic of insomnia. The 2008 AASM Guideline and literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects and evaluation of new or exacerbated issues should occur. Lunesta (Eszopiclone) is included in the classes of drugs that are recommended for initial pharmacotherapy when medications are necessary. However, the use for longer than two to four weeks should be avoided if possible. The submitted documentation indicated the worker was experiencing decreased sleep due to pain and rumination, among other issues. A behavioral intervention was started on 10/07/2014, but there was no description of the results. There was no discussion detailing the reason(s) Eszopiclone was started, describing its benefit, indicating any negative effects, or reassessing the worker's sleep. In the absence of such evidence, the current request for thirty tablets of Lunesta (Eszopiclone) 3mg is not medically necessary.