MAXIMUS Federal Services

Case Number:	CM14-0206731		
Date Assigned:	12/18/2014	Date of Injury:	05/15/2009
Decision Date:	02/23/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 47 year old male with the injury date of 05/15/09. Per physician's report 11/05/14, the patient has severe migraine headaches. Maxalt has not been effective. The patient has symptomatic with axial-low back pain. Lumbar epidural injections reduced his lower extremity symptoms by 50%. The patient continues to see a psychiatrist. The patient underwent neurology consultation on 04/14/14 and received Botox injection for headaches with dramatic reduction of migraine headaches. The patient is currently taking Percocet, Lyrica, Cymablta, Meloxicam, Lidocaine patches, Maxalt, Ambien, Allopurinol and Lisinopril. "The patient rates his pain as 5/10 with medication and 10/10 without medication. The patient reports up to 50% improvement of pain and function with medication. Medications allow him to participate in his activities of daily living as well as return to work on a full-time basis." The lists of diagnoses are:1.Low back and lower extremity pain2.History of L5-6 disc herniation s/p right hemilaminectomy on 09/21/113.Mild bilateral degenerative L4-5 stenosis with small disc protrusions and annular tear at L1-2 and L2-3 and moderate bilateral facet arthropathy at L5-S1 per MRI on 07/28/144.residual radiculopathy right lower extremity with neuropathic pain 5.Lumbar spondylosis with facet hypertrophy6.headaches, multifactorial, industrial causation per AME 7.hypertension, industrial causation8.Situational depression The treater requested "Lunesta for insomnia due to pain. The patient tried Trazodone and Ambien without improvement. The patient continues to practice good sleep hygiene and remain symptomatic with insomnia. This is a 30-day trail." The treater also requested Fioricet for severe headaches. Per 10/22/14 progress report, the patient has been working with modified duties. One of the diagnoses is possible sleep

disorder. Per c09/08/14 progress report, the patient is taking Percocet, Cymbalta, Lyrica, Maxalt and Lidoderm patch. The utilization review determination being challenged is dated on 11/20/14. Treatment reports were provided from 01/13/14 to 12/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Trial of Lunesta 3mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Barbiturate- containing Analgesics Agents (BCAs)

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

Decision rationale: The patient presents with low back pain and migraine headaches. The patient is s/p several back surgeries including right hemilaminectomy on 09/21/11. The patient is currently taking Percocet, Lyrica, Cymablta, Meloxicam, Lidocaine patches, Maxalt, Ambien, Allopurinol and Lisinopril. The patient has tried Trazodone and Ambien without improvement. The request is for TRIAL OF LUNESTA 3mg #30. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): 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... The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women."Per 11/05/14 progress reports, Lunesta is prescribed as a 30 day trial for insomnia. Although there is documentation regarding his insomnia due to pain, the recommended starting dosage of Lunesta is 1mg for both men and women. Therefore, the request of Lunesta 3mg #30 IS NOT medically necessary.