

Case Number:	CM14-0207983		
Date Assigned:	12/19/2014	Date of Injury:	11/19/2001
Decision Date:	02/19/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/12/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 53-year-old man who sustained a work-related injury on November 19, 2001. Subsequently, the patient developed chronic low back pain. According to a progress report dated November 4, 2014, the patient continued to complain of pain in the low back that radiates into both lower extremities. He described intermittent numbness and tingling in both legs. He remained symptomatic with bilateral knee pain. The patient rated the level of his pain as 10/10 without medications and 4/10 with medications. The patient has undergone 8 previous lumbar spine surgeries. He has been authorized to undergo an intrathecal pump implantation but has been unable to precede secondary to his thrombocytopenia. On examination, the patient had bilateral lumbar paraspinal tenderness with 1+ palpable muscle spasms. The patient had positive straight leg raise bilaterally at 45 Degrees. Anterior tibialis left 4/5 and right 5/5, peroneus longus/brevis left 4/5 and right 5/5, and extensor hallucis longus left 4/5 and right 4/5. Sensory exam revealed hypesthesia bilaterally in the L5 and S1 dermatomes. Patellar reflex was 1+ and symmetrically bilaterally. Achilles reflex 1+ on the right and absent on the left. Tender to palpation over the medial joint line both knees, pain with full extension and limited flexion. The patient was diagnosed with multilevel lumbar degenerative disc disease with post laminectomy syndrome, lumbar radiculopathy bilateral lower extremities, chronic pain syndrome, and depression secondary to chronic pain, bilateral knee pain, and obstructive sleep apnea. The provider requested authorization for Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopicolone (Lunesta) 3mg #30, 30day supply refills:0 related to a lumbar as outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological basis of Therapeutics, 12thed. McGraw Hill, 2010Physician's Desk Reference, 68th ed, www.RxList.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)).

Decision rationale: According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes Zolpidem (Ambien and Ambien CR), Zaleplon (Sonata), and Eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. In this case, the patient has been using this medication for a long time without any clear benefit. In addition, there is no documentation of the use of non-pharmacologic treatment for the patient sleep issue. There is no documentation for a characterization of insomnia and the treatment modalities previously used. Therefore, the prescription of Lunesta 3mg #30 is not medically necessary.