

Case Number:	CM14-0210236		
Date Assigned:	12/23/2014	Date of Injury:	08/26/2013
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/16/2014

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 38 year old male with an injury date on 8/26/13. The patient complains of lower back pain radiating to the right lower extremity with numbness/tingling as well as headaches per 3/14/14 report. The patient underwent bilateral hernia surgery as well as bilateral carpal tunnel release surgeries in 2011 per 3/14/14 report. The 3/4/14 report describes the pain as rated 10/10 on VAS scale. Based on the 3/14/14 progress report provided by the treating physician, the diagnosis is lumbar discopathy. A physical exam on 3/14/14 showed "L-spine range of motion is guarded and restricted with some dysesthesia and radiculopathy on the right side in the L5-S1 dermatome." The patient's treatment history includes medications, X-rays of L-spine, . The treating physician is requesting eszopiclone 1mg 1 tab PO at bedtime PRN for sleep #30. The utilization review determination being challenged is dated 11/19/14. The requesting physician provided treatment reports from 3/4/14 to 3/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 1mg 1tab po at bedtime prn for sleep #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, Eszopicolone

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain and mental/stress chapter, Lunesta.

Decision rationale: This patient presents with lower back pain, right lower extremity pain, and headaches. The treater has asked for ESZOPICLONE 1MG 1 TAB PO AT BEDTIME PRN FOR SLEEP #30 but the requesting progress report is not included in the provided documentation. It is not known if patient has taken Lunesta before, per review of reports. Regarding Lunesta, ODG recommends for insomnia, as the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A clinical trial showed significant improvement in sleep latency, wake after sleep onset, and total sleep time over 6 months of use. ODG under stress chapter, lunesta section states, "Not recommended for long-term use, but recommended for short-term use." "Recommend limiting use of hypnotics to three weeks maximum in the first 2 months of injury only, and discourage use in the chronic phase." In this case, the patient has chronic back pain. The patient does not have a diagnosis of insomnia. Short-term use of this medication may be reasonable, but long-term use is not indicated per ODG guidelines. The treater does not indicate that it's for short-term, and the patient is outside the first 2 months from injury. The request IS NOT medically necessary.