

Case Number:	CM14-0214764		
Date Assigned:	01/07/2015	Date of Injury:	05/30/2006
Decision Date:	04/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/22/2014

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 & Rehabilitation, Pain Management

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 (IW) is a retired female worker who sustained an industrial injury on 05/30/2006. She has reported ongoing lower left side back pain, which has had a recent flare up. The IW also complains of an aching pain in the left knee. According to the IW, the routine medications of Celebrex and Lunesta and conservative treatment help her to better perform her routine activities of daily living. Diagnoses include sprain lumbosacral, lumbosacral neuritis not otherwise specified, and lumbar lumbosacral disc degeneration. Treatment to date includes medications and chiropractic care. An MRI done 09/05/2007 shows L4-5 moderate disk space narrowing and changes of disk desiccation. There is mild broad based posterior and left posterolateral disk protrusion and slight displacement of the L5 nerve root on the left with no significant central spinal canal stenosis and no encroachment on the right neural foramen. Mild degenerative changes of the facet joints are also shown at this level. A progress note from the treating provider dated 05/28/2013 indicates the worker has a decreased lumbar range of motion with pinpoint tenderness of the left ilio-lumbar ligament as well as the left gluteus medius muscle. The treatment plan includes myofascial release and chiropractic care. Continued authorization for conservative treatment was requested along with requests for refills of Lunesta 2mg and Celebrex 200 mg. On 11/20/2014 Utilization Review non-certified a request for Eszopiclone 2mg #30 due to lack of supporting documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Eszopiclone, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no clear description of the patient's insomnia, what behavioral treatments have been utilized, and no statement indicating how the patient has responded to treatment with this medication. Finally, there is no indication that the medication is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested eszopiclone is not medically necessary.