

Case Number:	CM14-0065172		
Date Assigned:	07/11/2014	Date of Injury:	10/05/2011
Decision Date:	07/07/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/08/2014

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. 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

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 was a 32 year old male, who sustained an industrial injury, October 5, 2011. The injured worker previously received the following treatments random toxicology laboratory studies, chronic pain syndrome, 8 acupuncture sessions, 6 chiropractic sessions, epidural steroid injections to T7-T8, Norco, Lunesta and Prilosec. The injured worker was diagnosed with thoracic radiculopathy, chronic pain syndrome, HPN (herniated nucleus pulposus) of the thoracic spine, cervical musculoligamentous sprain/strain with residual radiculitis, thoracic musculoligamentous sprain/strain, thoracic degenerative disc disease with anterior wedging of T8, T9 and T10 and mild to moderate T7-T8 and T9-T10 canal stenosis. According to progress note of March 10, 2014, the injured workers chief complaint was upper back symptoms. The injured worker described the pain at 6 out of 10. The injured worker continued to have occasional headaches and numbness above the right knee. The injured worker reported difficulty with urination. The physical exam noted tenderness with palpation of the thoracic spine and mid back at T9-T12. There was decreased range of motion to the thoracic spine. There was decreased sensation at the right C6 dermatome to pinprick and light touch. The treatment plan included a prescription renewal for Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #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 Chapter: Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment, Eszopicolone (Lunesta).

Decision rationale: The patient presents on 04/02/15 with mid back pain rated 5/10. The patient's date of injury is 10/05/11. Patient is status post thoracic facet injection at T7-T8/T8-9 levels on 04/10/14. The request is for LUNESTA 3MG #30. The RFA was not provided. Physical examination dated 04/02/15 reveals tenderness to palpation of the thoracic paraspinal muscles, with positive facet loading of the bilateral T7-8 and T8-9 facets. Neurological examination reveals intact sensation and motor function. The patient is currently prescribed Terocin patches, Norco, Ketoprofen, and Prilosec. Diagnostic imaging included MRI of the lumbar spine dated 06/11/12, significant findings include: "Grade I chronic anterior wedge compression deformity at T8, T9, and T10, mild disc desiccation at T6-T7 down to T10-T11. Patient is currently classified as permanent and stationary. MTUS/ACOEM did not discuss Lunesta or insomnia treatment, though ODG pain chapter, for Insomnia treatment states: "Recommend that treatment be based on the etiology, with the medications recommended below. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." ODG pain chapter, for Eszopicolone (Lunesta) states: "Not recommended for long-term use, but recommended for short-term use." In regard to the continuation of this patient's Lunesta, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been taking Lunesta since at least 02/12/14, with documented efficacy in the subsequent reports. While MTUS does not discuss this particular medication, ODG only supports short-term use. The requested 30 tablets does not imply intent to limit use to 7-10 days. Therefore, the request IS NOT medically necessary.