MAXIMUS Federal Services

Case Number:	CM15-0000709		
Date Assigned:	01/12/2015	Date of Injury:	03/25/2014
Decision Date:	03/12/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/02/2015

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:

This 56 year old woman sustained an industrial injury on 3/25/2014 due to repetitive strain on the lumbar spine. The mechanism of injury is not detailed. Current diagnoses include cervical discopathy, lumbar discopathy, and rule out right shoulder internal derrangement. Treatment includes oral medications, physical therapy, and right shoulder injection. Orthopedic notes dated 11/5/2014 show a request for the indicated medication to treat temporary insomnia related to the worker's pain condition. No further rationale was detailed regarding selection of this medication. A request for authorization was submitted on 11/13/2014. Repeated visit notes dated 12/11/2014 state "Review of systems reviewed friom my initial repoert, with the patient, are unchanged". There is no further detail or evaluation regarding ordered medications.On 12/11/2014, Utilization Review evaluated a prescription for Eszopiiclone tablets 1 mg QHS PRN #30, that was submitted on 12/8/2014. The UR physician noted there was no documentation to describe the number of hours sleep and next day inprovements in functioning. Further, there was no description or history of the worker's insomnia that detailed the duration of symptoms, excessive daytime somnolence, cataplexy, intellectual deterioration, or personality change. Finally, there was no documented attempt to address the sleep disturbance through another modality that did not utilize medications. The MTUS, ACOEM Guidelines, or ODG was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopicione tablets, 1mg 1 QHS PRN #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Online Edition, Chapter: Pain, Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Insomnia

Decision rationale: The patient is a 56 year old female with an injury date of 03/25/14. Per the 12/11/14 report she presents with severe lower back pain radiating to the lower extremities along with constant cervical spine pain radiating to the upper extremities with associated headaches of a migrainous nature rated 8/10. The current request is for ESZOPICLONE TABLETS, 1 MG QHS PRN #30 per the 12/08/14 RFA for DOS 11/13/14. The RFA states the Medications have not been dispensed. Recent reports state the patient can work with modified duties; however, it is not clear that the patient is currently working.ODG insomnia chapter guidelines state that this medication has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007). The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. ODG guidelines pain chapter and mental chapter state the medication is not recommended for long term use.The 11/05/14 report states this medication is for temporary insomnia related to the patient's pain, and the RFA states the medication is for sleep. It appears the patient is just starting this medication which is indicated for short term use for the insomnia documented for this patient. The request is for #30. The request IS medically necessary.