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| Case Number: | CM15-0001602 | | |
| Date Assigned: | 01/12/2015 | Date of Injury: | 06/22/2005 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 12/09/2014 |
| Priority: | Standard | Application Received: | 01/05/2015 |

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:

The patient is a 49 year old male with an injury date of 06/22/05. Based on the 11/13/14 progress report provided by treating physician, the patient complains of low back pain radiating towards the thoracic spine and radiating down Right lower extremity into his heel. Per progress report dated 06/24/14, patient complaints of continued auditory and visual hallucinations and sleeps poorly. Physical examination to the lumbar spine on 11/13/14 revealed tenderness to palpation to lumbosacral region. Range of motion was decreased, especially on extension by 50%. Based on the 10/22/14 progress report, patient's diagnosis included major depressive disorder, single episode moderate and psychological factors affecting med. condition. Patient has completed 6 monthly sessions of psychotropic medication management. Per progress report dated 02/11/14, patient's medications include Effexor, Latuda, Zyprexa, Risperdal and Lunesta from 02/11/14 and 06/24/14. Patient is to remain off work until released by physician. Diagnosis 11/13/14- Lumbar radiculopathy - Lumbar sprain/strain- Thoracic sprain/strain. The utilization review determination being challenged is dated 12/09/14. The rationale is: "... not recommended for long-term use as its long-term efficacy is unproven and there is a risk for dependence..." and "... treater has already discontinued the medication..." Treatment reports were provided from 12/30/13 - 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta Tab 3mg, 1 Table at hour of sleep, Qty 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental & Stress Chapter states: "Eszopicolone (Lunesta) Pain chapter, Insomnia treatment

Decision rationale: The patient presents with complaints of low back pain radiating towards the thoracic spine and radiating down Right lower extremity into his heel, continued auditory and visual hallucinations and sleeps poorly. The request is for LUNESTA TAB 3 mg , 1 TABLET AT HOUR OF SLEEP, QTY 30. Patient's diagnosis included major depressive disorder, single episode moderate and psychological factors affecting med. condition. Per progress report dated 02/11/14, patient's medications include Effexor, Latuda, Zyprexa, Risperdal and Lunesta from 02/11/14 and 06/24/14. Patient is to remain off work until released by physician. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women."Treater states in progress report dated 03/11/14: "...patient has been taking these medications for more than two years, it is medically necessary to continue taking these meds for patient's well being..." ODG recommends short-term use of up to 3 weeks. Patient has been prescribed Lunesta for 4 months in review of medical records, which exceeds MTUS intended short-term use of this medication. Therefore, the request IS NOT medically necessary.