

Case Number:	CM15-0003160		
Date Assigned:	01/14/2015	Date of Injury:	03/29/2013
Decision Date:	03/17/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/07/2015

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 injured worker is a 45 year old male, who sustained an industrial injury on 3/29/2013. The current diagnoses are knee pain, lower back pain, neck pain, shoulder pain, and superior glenoid labrum lesions tear. Currently, the injured worker complains of pain in low back, neck, right/left knee, left shoulder, and left wrist. The pain is rated 7/10 on a subjective pain scale. Additionally, he reported numbness in his left upper extremity, depressions, and sleep issues. Treatment to date has included medications, TENS, acupuncture, and physical therapy. The treating physician is requesting Lunesta 1mg #30, which is now under review. On 1/5/2015, Utilization Review had non-certified a request for Lunesta 1mg #30. The Lunesta was non-certified based on no documentation of current sleep disturbance or sleep hygiene modification attempts. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg #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) Treatment in Workers Comp 2012

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

Decision rationale: The patient presents with low back pain radiating to lower extremities and neck pain radiating to upper extremity rated at 7/10. The request is for LUNESTA 1MG #30. The request for authorization is not available. Patient has numbness in his left upper extremity. Patient continues with self-care, home exercise program and TENS unit. Patient has been authorized for 6 sessions of physical therapy. Patient's medications include Fenoprofen, Omeprazole, Tramadol and Gabapentin. Patient is on modified work duty. 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." Per progress report dated 12/15/14, treater's reason for the request is sleep issues. However, the treater does not document or discuss it's efficacy and how it has been or is to be used. Furthermore, the request for a quantity 30 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.