

Case Number:	CM15-0005733		
Date Assigned:	01/26/2015	Date of Injury:	07/16/1995
Decision Date:	03/12/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/12/2015

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: Emergency Medicine

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 63 year old female who sustained a work related injury July 16, 1995. While working as a nurse's aide she developed severe back pain. Past medical history includes heart disease, hypertension, diabetes, bowel dysfunction, asthma, and depression. According to an established patient office visit, pain management, dated December 9, 2014, she presented with complaints of moderate pain. She is able to transfer and ambulate with a guarded posture. The back range of motion reveals flexion of 50 degrees and an extension of 10 degrees. She has a fair range of motion and strength of her lower extremities. She also complains of difficulty sleeping due to increased pain at night. Diagnostic impression is documented as degenerative joint disease of the lumbosacral spine; discogenic low back pain; and lumbosacral strain/sprain. Treatment plan included continue Ultram, Baclofen, taper Neurontin and start Lunesta 2 mg at sleep as needed for pain related to sleep disorder #30. According to utilization review dated December 25, 2014, the request for Lunesta (Eszopiclone) 2mg every night as needed quantity: #30 was modified to Lunesta 2mg every night as needed quantity: #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta (Eszopiclone) CIV: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Eszopiclone (Lunesta)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Eszopiclone (Lunesta), Insomnia treatment

Decision rationale: The requested Lunesta (Eszopiclone) CIV is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopiclone (Lunesta), Insomnia treatment, noted that it is not recommended for long-term use; and 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. The injured worker has moderate pain. She is able to transfer and ambulate with a guarded posture. The back range of motion reveals flexion of 50 degrees and an extension of 10 degrees. She has a fair range of motion and strength of her lower extremities. She also complains of difficulty sleeping due to increased pain at night. The treating physician has not documented details of current insomnia nor sleep hygiene modification attempts, nor rule out other causes of insomnia nor functional improvement from its use. The criteria noted above not having been met, Lunesta (Eszopiclone) CIV is not medically necessary.