

Case Number:	CM15-0009100		
Date Assigned:	01/27/2015	Date of Injury:	11/23/1997
Decision Date:	04/10/2015	UR Denial Date:	12/21/2014
Priority:	Standard	Application Received:	01/15/2015

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 51 year old male who suffered a work related injury on 11/23/97. Per the physician notes from 11/24/14, he complains of intermittent pain in the low back. He is noted to have hardware related pain. The treatment plan includes continued medications including fenopofren, omeprazole, cyclobenzaprine, tramadol, and eszopiclone, On 12/21/14, the Claims Administrator non-certified the eszopiclone, citing ODG guidelines. The non-certified treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 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, Pain (Chronic) Chapter, Insomnia Treatment; Mental Illness & Stress Chapter, Eszopiclone (Lunesta).

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

Decision rationale: The patient presents with intermittent pain, rated 04/10, in the low back. The request is for Eszopiclone 1mg #30. The RFA provided is dated 12/18/14. Patient's diagnosis on 11/24/14 included lumbago and symptomatic hardware. The treatment plan includes continued medications including fenoprofen, omeprazole, cyclobenzaprine, tramadol, and eszopiclone. Patient is to return to modified work. ODG-TWC, Mental & Stress Chapter states: "Eszopiclone (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."The prescription for Eszopiclone was mentioned in the progress report dated 05/21/14 and it appears that the patient has been taking the medication consistently at least since then. The guidelines allow a short-term use of this medication to address insomnia. ODG recommends short-term use of up to 3 weeks, and patient has been taking the medication for more than 6 months. The request is not compliant with the guidelines. Therefore the request is not medically necessary.