

Case Number:	CM15-0101837		
Date Assigned:	06/04/2015	Date of Injury:	01/22/2004
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 73-year-old who has filed a claim for chronic low back, ankle, and shoulder pain reportedly associated with an industrial injury of January 22, 2004. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve a request for eszopiclone (Lunesta). The claims administrator referenced an April 17, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In an April 17, 2015 progress note, the applicant reported ongoing complaints of low back, knee, and leg pain. The applicant had completed a functional restoration program. The applicant was still using Norco and Ambien; it was stated in one section of the note. Multifocal complaints of low back, hip, neck, and arm pain with headaches were reported. The applicant had undergone earlier failed lumbar spine surgery, it was acknowledged. The applicant was no longer working, it was further reported. The applicant's medication list, per another section of the note, reportedly comprised of AcipHex, Lunesta, Norco, Flexeril, Lyrica, Cymbalta, Synthroid, Tenormin, and Vytarin, it was stated. The applicant was asked to continue current medications. Toward the bottom of the report, the attending provider stated that the applicant would start Lunesta and discontinue Ambien. Thus, toward the bottom of the report, the request for Lunesta was framed as a first-time request for the same. On March 13, 2015, the applicant was again described as not working owing to multifocal pain complaints, predominantly about the low back. The applicant's medications, at this point, included Norco, Ambien, Flexeril, Cymbalta, AcipHex, Synthroid, Tenormin, and Vytarin, it was reported. The applicant was given a Toradol injection in the clinic. On February 4, 2015, there was likewise no mention of the applicant's using Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 3 MG Tab #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 (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress Insomnia treatment; Eszopiclone (Lunesta).

Decision rationale: Yes, the request for eszopiclone (Lunesta) was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. The request was framed as a first-time request for eszopiclone (Lunesta), apparently prescribed for the first time on April 13, 2015. As noted in ODG's Mental Illness and Stress Chapter, Insomnia Treatment topic notes that eszopiclone or Lunesta is the only benzodiazepine receptor agonist which is FDA approved for use for longer than 35 days. ODG's Mental Illness and Stress Chapter Eszopiclone topic likewise notes that eszopiclone or Lunesta is recommended for short-term use purposes, although it is not recommended for long-term use purposes. Here, the request was framed as a first-time request for eszopiclone (Lunesta), prescribed for the first time on April 13, 2015. Multiple progress notes, referenced above, made no mention of the applicant's previously using Lunesta prior to the date of the request. Therefore, the first-time request for Lunesta (eszopiclone) was medically necessary.