MAXIMUS Federal Services

Case Number:	CM15-0102911		
Date Assigned:	06/05/2015	Date of Injury:	03/16/2014
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/28/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 34-year-old, female who sustained a work related injury on 3/16/14. The diagnoses have included lumbar sprain/strain and coccyx pain. Treatments have included medications, physical therapy and chiropractic treatments. In the PR-2 dated 4/17/15, the injured worker complains of constant pain in coccyx, low back and medial thigh. She rates her pain level a 7/10. She has spasms. She has severe tenderness to palpation over lower back and coccyx areas. She has decreased range of motion in her lower back. She is unable to tolerate Lunesta sleeping medication due to the side effects. The treatment plan includes prescription refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 2mg #30 with 2 refills prescribed 4/17/15: 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 Chapter (Online Version): Eszopicolone (Lunesta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Antidepressants for chronic pain Page(s): 14.

Decision rationale: LUNESTA (eszopiclone) is a nonbenzodiazepine hypnotic agent that is a pyrrolopyrazine derivative of the cyclopyrrolone class. According to MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are scheduling IV controlled substances, which mean they have potential for abuse and dependency." "Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days." Lunesta could be used as an option to treat insomnia; however, it should not be used for a long-term without periodic evaluation of its need. The provider has to further characterize the patient's insomnia (primary versus secondary) and its relation to the primary patient's pain syndrome. The provider did not document the use of non-pharmacologic treatment for the patient sleep issue. In addition, during the April 17, 2015 visit, the patient specifically reported that she is unable to tolerate Lunesta due to side effects. Therefore, the prescription of Eszopiclone 2mg #30 with 2 refills is not medically necessary.

Neurontin 300mg #60 with 2 refills prescribed 4/17/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. Continuous use of Neurontin cannot be certified without documentation of efficacy. Therefore, the request for NEURONTIN 300MG #60 WITH 2 REFILLS is not medically necessary.