

Case Number:	CM15-0107586		
Date Assigned:	06/12/2015	Date of Injury:	07/31/2003
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 54 year old man sustained an industrial injury on 7/31/2003. The mechanism of injury is not detailed. Diagnoses include thoracic or lumbar neuritis or radiculitis, sacroiliitis, and cauda equine syndrome. Treatment has included oral and topical medications, acupuncture, and physical therapy. Physician notes dated 4/30/2015 show complaints of neck and back pain. Recommendations include Kadian, Norco, Lunesta, continue the rest of his current medication regimen as ordered by specialists, and follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #60 with 2 refills: 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), Pain - Insomnia, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lunesta.

Decision rationale: Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 2 mg #60 with 2 refills is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured worker's working diagnoses are unspecified thoracic/lumbar neuritis/radiculitis; sacroiliitis other; and cauda equina syndrome unspecified. Documentation in the medical record shows you missed the 3 mg was prescribed as far back as August 27, 2010. A February 25, 2015 progress note shows Lunesta 2 mg was still prescribed. The most recent progress note dated April 30, 2015 (request for authorization date May 4, 2015) shows Lunesta 2 mg is still prescribed by the treating provider. Subjectively, there are no sleep related complaints. The guidelines do not recommend Lunesta for long term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. There are no compelling clinical facts in the medical record to support ongoing Lunesta. Additionally, there is no documentation demonstrating objective functional improvement with ongoing Lunesta. Consequently, absent compelling clinical documentation with objective functional improvement and guideline non-recommendations for long-term use, Eszopicolone (Lunesta) 2 mg #60 with 2 refills is not medically necessary.