

Case Number:	CM15-0108049		
Date Assigned:	06/12/2015	Date of Injury:	10/23/2001
Decision Date:	07/14/2015	UR Denial Date:	05/08/2015
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

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 57 year old female, who sustained an industrial injury on 10/23/2001. She reported pain of the neck, back and lower extremity after a slip and fall. The injured worker was diagnosed as having dystrophy reflex sympathy of lower. Treatment to date has included medications. The request is for Eszopiclone Lunesta. On 12/16/2014, she complained of neck, back and lower extremity pain. She reported no acute changes in her pain and indicated it worsened with cold weather. She rated her pain 6/10. Physical findings revealed her to be morbidly obese, antalgic gait, normal muscle tone in upper and lower extremities. The treatment plan included: weight loss program, podiatrist, psychiatrist, and Wellbutrin. On 4/29/2015, she had continued neck, back, and lower extremity pain. She was reportedly tearful and hysterical at her last visit, and was better presently. She reportedly takes Lunesta to help with restful sleep and this has been indicted to have improved her overall functioning. She rated her current pain 7/10. Physical findings noted spasms and guarding of the lumbar area. The treatment plan included: Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone-Lunesta tablets 1 mg SIG: Qty: 60.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment, pages 535-536.

Decision rationale: Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), Pain. Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic and anxiolytic. Chronic use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Submitted documents have not demonstrated any specific functional improvement including pain relief with decreased pharmacological profile, decreased medical utilization, increased ADLs and work function, or quantified hours of sleep as a result from treatment rendered for this chronic injury. The reports have not identified any specific clinical findings or confirmed diagnoses of sleep disorders nor is there any noted failed trial of behavioral interventions or proper sleep hygiene regimen to support its continued use. The Eszopiclone-Lunesta tablets 1 mg SIG: Qty: 60.00 is not medically necessary and appropriate.