

Case Number:	CM15-0108907		
Date Assigned:	06/15/2015	Date of Injury:	01/09/1997
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/05/2015

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:

The injured worker is a 54 year old female who reported an industrial injury on 1/9/1997. Her diagnoses, and/or impressions, are noted to include: cervicgia; and post cervical laminectomy syndrome. No current imaging studies are noted. Her treatments have included medication management with urine toxicology screenings; and continued rest from work. The progress notes of 5/14/2015 reported radiating neck pain to her shoulders and occipital region, aggravated by movement and made tolerable by Percocet. She stated that she was becoming more functionally limited, and requested something for pain and related insomnia. The objective findings are noted to include no apparent distress; decreased reflexes and strength in the bilateral upper extremities; and slight tenderness to the right neck that is with limited range-of-motion. The physician's requests for treatments were noted to include the initiation of Lunesta for pain-related sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #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, Mental Illness & Stress Chapter (Online Version): Eszopicolone (Lunesta).

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) 3mg #30 with no 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 cervicalgia; and post laminectomy syndrome cervical region. The utilization review provides a detailed summary of the injured worker's clinical history. The injured worker has a history of opiate dependency, cocaine use and heroin dependency, polysubstance abuse, nicotine dependence, and depression. The injured worker has used Lunesta in the past. The treating provider indicates Ambien is not to be used because of the short-term use (7-10 days) and the guidelines. However, Lunesta is also recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. As noted above, the injured worker has already tried Lunesta. The injured worker was taking Lunesta as far back as January 2011. A subsequent peer review dated July 3, 2014 noncertified the request for Lunesta. There is no documentation with objective functional improvement as it relates to Lunesta to support ongoing Lunesta use. Consequently, absent compelling clinical documentation with evidence of polypharmacy, polysubstance abuse, opiate dependency and cocaine and heroin dependency, and depression, with prior use of Lunesta in excess of the recommended guidelines, Eszopicolone (Lunesta) 3mg #30 with no refills is not medically necessary.