

Case Number:	CM15-0017710		
Date Assigned:	02/05/2015	Date of Injury:	05/08/2011
Decision Date:	04/03/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/29/2015

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, Arizona

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 60-year-old male who reported an injury on 05/28/2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker failed to respond to conservative treatment and ultimately underwent lumbar interbody fusion followed by removal of hardware. The injured worker was evaluated on 11/24/2014. It was documented that the injured worker had an average pain of 3/10. It was documented that the injured worker was having difficulty sleeping. The injured worker's diagnoses included lumbago, lumbar disc displacement, and lumbosacral neuritis. Physical findings included tenderness to palpation over the paravertebral musculature with a negative straight leg raising test and restricted range of motion secondary to pain. The injured worker's medications were noted to be fenoprofen, omeprazole, ondansetron, cyclobenzaprine, tramadol, and Lunesta. A Request for Authorization form to refill the medications was submitted on 12/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 1mg, #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, Pain (Chronic); Mental Illness & Stress.

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

Decision rationale: The requested eszopiclone 1 mg #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this medication. The Official Disability Guidelines recommend pharmacological interventions for patients who have sleep difficulties related to chronic pain. However, an adequate assessment of the injured worker's sleep patterns was not provided. It is noted that the injured worker has sleep difficulties related to chronic pain. However, any objective findings of this subjective complaint were not provided. There is no documentation of the number of times the injured worker is awakened during the night or the length of time the injured worker is sleeping. Additionally, there is no documentation that the injured worker has failed to respond to non-pharmacological interventions. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested eszopiclone 1 mg #30 is not medically necessary or appropriate.