

Case Number:	CM15-0131748		
Date Assigned:	07/20/2015	Date of Injury:	09/09/2008
Decision Date:	09/09/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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 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 65 year old female who sustained an industrial injury on 09/09/2008. Current diagnoses include lumbosacral joint ligament sprain/strain, piriformis syndrome, thoracic sprain/strain, and myofascial pain. Previous treatments included medications, ice therapy, and TENS unit. Report dated 06/11/2015 noted that the injured worker presented with complaints that included lower back pain. Pain level was 7 (with medications) out of 10 on a visual analog scale (VAS). The injured worker also noted difficulty staying asleep due to pain and thoughts. Physical examination was positive for ambulating with a rolling walker. The injured worker is currently not working. The treatment plan included dispensing a Theracane, refilled/dispensed gabapentin, Omeprazole, Lunesta for sleep improvement due to workers compensation case, and Tens patches, the patient will be moving back to Idaho, use first script for medications not dispensed here, continue medications, awaiting authorization for cortisone injection, and continue to follow up with psychiatry for management of psychiatric illnesses and prescriptions. Of not some of this report was hard to decipher. Report dated 05/21/2015 notes that the injured worker is having sleep difficulty and was prescribed Lunesta. Disputed treatments include retrospective eszopiclone (Lunesta).

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 2 mg Qty 30 with 1 refill, 1 tab by mouth every night as needed, (retrospective DOS 6/11/15): 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 - Eszopiclone (Lunesta), 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) Chronic pain, Insomnia treatment.

Decision rationale: Eszopiclone (Lunesta) is a prescription short-acting non-benzodiazepine sedative-hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. Lunesta is indicated for the treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. According to the Official Disability Guidelines (ODG), non-Benzodiazepine sedative-hypnotics are considered first-line medications for insomnia. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which have potential for abuse and dependency. It appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Eszopiclone has demonstrated reduced sleep latency and sleep maintenance and is recommended for short-term use. In this case, there is documentation that the patient has a history of insomnia or sleep disturbances. The medical record dated 05/21/2015, submitted for review noted that the injured worker has difficulty staying asleep due to pain and thoughts and was prescribed Lunesta. Documentation supports long term use which is not recommended by the guidelines. Medical necessity of the requested item has not been established. The request for Eszopiclone 2 mg Qty 30 with 1 refill, 1 tab by mouth every night as needed, (retrospective DOS 6/11/15) medication is not medically necessary.