

Case Number:	CM15-0132795		
Date Assigned:	07/20/2015	Date of Injury:	12/13/2009
Decision Date:	08/28/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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, Maryland
 Certification(s)/Specialty: Psychiatry

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 12/13/2009. Mechanism of injury was not found in documents provided for review. Diagnoses include chronic cervical pain due to neuroforaminal narrowing at C3-C4, C4-C5, and C5-C6, chronic post traumatic headaches, chronic bilateral TMJ syndrome, chronic thoracic myofascial pain, chronic lumbosacral myofascial pain, insomnia secondary to pain, chronic right C6 sensory neuropathy, chronic left knee pain with medial meniscal injury, depression, hypertension, chest pain related to anxiety disorder, chronic vertigo, probable bilateral plantar fasciitis, chronic bilateral ankle pain, and chronic bilateral calcaneal pain. Treatment to date has included diagnostic studies, medications, and injections. Her medications include Paxil, Lunesta, Norco, Atarax and Gabapentin. A physician progress note dated 04/27/2015 documents the injured worker complains of pain in the neck, and upper and lower back pain. He has headaches and jaw pain and also pain in both knees. There is bilateral TMJ tenderness, and bilateral tenderness and slight swelling. There is paracervical tenderness from C2 to C7-T1. There is parathoracic tenderness from T1 to T12-L1, there is paralumbar tenderness from L1 to L5-S1 and there is bilateral sacroiliac and trochanteric tenderness. He has restricted range of motion in the right shoulder. McMurray's and Lachman tests are negative in both knees. There is tenderness in both heels. The treatment plan includes continuation of Norco, Atarax, and Gabapentin. Treatment requested is for Lunesta 2 mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 mg #30 with 3 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), Mental Illness & Stress (updated 03/27/15) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Illness/Insomnia treatment; Eszopiclone/Lunesta.

Decision rationale: G states "Lunesta "Not recommended for long-term use, but recommended for short-term use. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this study, eszopiclone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to zolpidem at 4.82 (4.06 to 5.74). In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. (Kripke, 2012) The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired." The request for another four month supply of Lunesta 2 mg #30 with 3 refills is excessive and not medically necessary as per guidelines the insomnia medications are not indicated for long term treatment of insomnia due to issues with abuse, tolerance and dependence related to use of such medications.