

Case Number:	CM15-0138731		
Date Assigned:	07/30/2015	Date of Injury:	05/30/1991
Decision Date:	09/08/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/17/2015

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 73 year old, male who sustained a work related injury on 5-30-91. The diagnoses have included failed lumbar back syndrome and radiculopathy. Treatments have included oral medications, Duragesic patches, lumbar epidural steroid injections and lumbar spine surgery. In the PR-2 dated 6-2-15, the injured worker reports he is having an exacerbation of aching left leg pain which has been quite severe and interferes with his sleep. His wife reports he has restless sleep. He continues to tolerate his medications well. He reports the medications decrease his pain by greater than 50% from 9 out of 10. He rates his pain level a 7 out of 10 at present. The medications improve his ability to perform his activities of daily living such as sleeping, walking and standing. He has lumbar paraspinal muscle tenderness bilaterally, worse on the right. Lumbar range of motion is limited by pain and guarding. He has a positive left straight leg raise at 40 degrees. Left leg weak with flexion. Working status is not noted. The treatment plan includes prescriptions for medications and a request for authorization of a transforaminal lumbar epidural steroid injection.

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 cite any medical evidence for its decision.

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: ODG states "Lunesta is 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 Lunesta 3mg #30 is excessive and not medically necessary. The injury was encountered in year 1991. Per guidelines, Lunesta is 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. Since insomnia medications are not indicated for continued/long term use; the request is not medically necessary.