

Case Number:	CM15-0141310		
Date Assigned:	07/31/2015	Date of Injury:	09/14/2008
Decision Date:	09/18/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44-year-old male, who sustained an industrial injury on 9-14-2008. He reported low back and groin pain with radiation down the left leg to the foot after pulling on an object. The injured worker was diagnosed as having lumbar disc protrusion, recent flare up of sciatica down the left lower extremity, complex regional pain syndrome type I of the left foot, status post spinal cord stimulator implant, chronic pain syndrome, and chronic reactive clinical depression, major recurring depression. Treatment to date has included medications, urine toxicology (5-18-2015), and spinal cord stimulator. The request is for Lunesta. On 2-10-2015, an AME report indicated he reported low back pain rated 7-10 out of 10. He indicated trouble falling asleep and then waking every 2 or 3 hours. A PR-2 dated 4-1-2015 to 4-30-2015, indicated he had slight improvement in pain levels, mood and coping. He disclosed a brief relapse into alcohol binging which is reported to be a pattern for him in that he has had frequent relapses. He reported stopping his pain medications and limited Xanax to bedtime to help with sleep. The treatment plan included: cognitive behavioral therapy oriented individual psychotherapy weekly, antidepressant medication supervision, pain management group therapy with transportation, medical hypnotherapy for pain management. He remains off work. On 6-8-2015, he reported chronic intractable pain of the left lower extremity. He is reported as trying an inpatient detoxification program when he was unable to stay on Suboxone due to his intractable pain. He reported his current medications to be most helpful in managing his pain and keeping him functional. He rated his current pain as 4-5 out of 10. His current medications are Fentanyl patch, Dilaudid, and Flexeril, along with psychotropic medications from his psychiatrist. He was declared permanent and stationary. The treatment plan included refills on Dilaudid,

Flexeril, and Fentanyl patches. On 6-19-2015, he is reported as off work. He reported sleep walking and turning over a nightstand, awakening in the night from pain. He indicated his mood and paranoia are better. Trazodone or Quetiapine are reported as giving no benefit. He reportedly fell asleep in the lobby waiting for his appointment. The treatment plan included refills of Lunesta for sleep, Fluoxetine for depression, Abilify for paranoia, and Alprazolam for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 mg, thirty count with two 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), Pain Edition.

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, under Lunesta.

Decision rationale: This claimant was injured now 7 years ago, in 2008. The diagnoses were disc protrusion, a recent flare of sciatica down the left lower extremity, complex regional pain syndrome type I of the left foot, post spinal cord stimulator implant, chronic pain syndrome, and major recurring depression. Regarding Eszopicolone (Lunesta), the MTUS is silent. The ODG, Pain section simply notes it is not recommended for long-term use, but recommended for short-term use. In this case, the use appears to be chronic, with little mention of benefit out of the sleep aid. There is insufficient evidence to support the usage in this claimant's case. The request is not medically necessary.