

Case Number:	CM15-0143149		
Date Assigned:	08/04/2015	Date of Injury:	11/26/2013
Decision Date:	09/24/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/23/2015

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

Certification(s)/Specialty: Emergency 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 53 year old male, who sustained an industrial injury on 11-26-2013. The injured worker is currently off work. The injured worker is currently diagnosed as having brachial neuritis, lumbosacral neuritis, and thoracic region sprain. Treatment and diagnostics to date has included electromyography-nerve conduction velocity studies dated 02-23-2015 which showed evidence of a distal small fiber neuropathy affecting both lower extremities, lumbar spine MRI dated 02-16-2015 which showed disc desiccation to L4-L5 and L5-S1, physical therapy, chiropractic treatment, acupuncture, epidural steroid injection, and use of medications. In a progress note dated 02-18-2015, the injured worker reported intermittent neck pain that radiates to bilateral hands, intermittent middle back pain, and constant lower back pain that radiates to bilateral legs with numbness and tingling. Objective findings included tenderness at cervical, thoracic, and lumbar spines. The treating physician reported requesting authorization for Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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) Pain(Chronic), Insomnia Treatment.

Decision rationale: There is no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Lunesta/eszopiclone is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. There are no documented improvement or conservative measures attempted. It is unclear from documentation what sleep medications patient has been on but documentation is clear that patient has been on some sort of sleep medication since 1/15. The lack of documentation of any conservative measures and effectiveness of prior sleep medication does not support this prescription. Eszopiclone is not medically necessary.