

Case Number:	CM15-0144668		
Date Assigned:	08/05/2015	Date of Injury:	07/08/2010
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/27/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on July 08, 2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical discopathy with chronic cervicgia, magnetic resonance imaging evidence of anterior disc protrusions at cervical four to five and cervical five to six, lumbar discopathy with magnetic resonance imaging evidence of posterior protrusions at lumbar four to five and lumbar five to sacral one, bilateral carpal tunnel, bilateral cubital tunnel syndrome, double crush syndrome, magnetic resonance imaging evidence of osteochondritis dessicans to the medial aspect of the radial head with subchondral cysts to the distal lateral humeral condyle to the right elbow, magnetic resonance imaging evidence of a fracture versus pseudo fracture of capitate to the left wrist, bilateral shoulder impingement, partial tear of the supraspinatus tenderness to the left shoulder as noted on magnetic resonance imaging, possible full thickness to the critical insertion zone of the supraspinatus tendon with superior labrum tear to the right shoulder as seen on magnetic resonance imaging. Treatment and diagnostic studies to date has included x-rays to the right shoulder and the cervical spine, electromyogram with nerve conduction velocity, medication regimen, magnetic resonance imaging of the cervical spine, lumbar spine, right elbow, left wrist, and bilateral shoulders. In a progress note dated May 07, 2015 the treating physician reports sharp, constant pain to the cervical spine that radiates to the upper extremities with associated symptoms of numbness and tingling, migrainous headaches with tension between the shoulder blades, constant, throbbing pain to the bilateral wrists with the right greater than the left,

constant, sharp pain to the low back with radiating pain to the lower extremities, pain to the bilateral shoulders, pain to the bilateral elbows, pain to the right hip, and difficulty sleeping secondary to pain. Examination reveals tenderness to the cervical and lumbar paravertebral muscles and spasms, positive compression testing to the cervical spine, positive Spurling's test, limited range of motion to the cervical spine with pain, tingling and numbness to the shoulder, arm, and hand, tenderness to the shoulders, positive Hawkin's and impingement testing, tenderness to the bilateral elbows, positive Tinel's testing to the cubital tunnel and the carpal canal, pain with range of motion to the elbows, painful range of motion to the wrists and hands, positive seated nerve root testing, decreased range of motion to the lumbar spine, numbness and tingling to the lower extremities with the lumbar five to sacral one dermatome pattern, tenderness to the right hip, and pain with range of motion to the right hip. The injured worker's pain level was rated an 8 on a scale of 1 to 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. The documentation provided did not contain the injured worker's current medication regimen and the documentation provided did not indicate if the injured worker experienced any functional improvement with use of use of the injured worker's medication regimen. The treating physician requested Eszopiclone tablets 1mg with a quantity of 30, but the documentation provided did not indicate the specific reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone tablets 1mg #30: 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 Chapter, Mental Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore, the request is not medically necessary.