

Case Number:	CM15-0147577		
Date Assigned:	08/10/2015	Date of Injury:	04/04/2010
Decision Date:	09/15/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/28/2015

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 49-year-old male, who sustained an industrial injury on 4-4-10. He has reported initial complaints of neck, low back, knee and umbilical pain after falling off a ladder. The diagnoses have included lumbar radiculopathy with discogenic disease and depression. Treatment to date has included medications, activity modifications, diagnostics, knee brace, injections, and other modalities. Currently, as per the physician progress note dated 5-15-15, the injured worker complains of moderate pain in the sacroiliac joint that has become extremely intense. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The physical exam reveals tenderness in the left sacroiliac joint and pelvic compression refers pain to the left sacroiliac area. The thoracolumbar range of motion is limited and straight leg raise on the left reproduces sacroiliac pain and the right reproduces some back pain. He reports that the medications prescribed are beneficial. The current medications are not listed. The physician requested treatment included Retrospective Lunesta 3mg #30 (DOS 6-25-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lunesta 3mg #30 (DOS 6/25/15): 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), Treatment Index, 20th Edition (Web), 2015, Pain Chapter Lunesta.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain/Insomnia Treatment, Eszopiclone/Lunesta.

Decision rationale: MTUS is silent regarding this issue. ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. (Walsh, 2007) Side effects: dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. Dosing: 1-2 mg for difficulty falling asleep; 2-3 mg for sleep maintenance. The drug has a rapid onset of action. (Ramakrishnan, 2007) ODG 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." According to the guidelines stated above, medications are not recommended for long-term treatment of insomnia and also Lunesta has potential for abuse, dependency, withdrawal and tolerance. The request for ongoing use of Lunesta for chronic insomnia is not indicated. The request for Retrospective Lunesta 3mg #30 (DOS 6/25/15) is excessive and not medically necessary.