

Case Number:	CM15-0164159		
Date Assigned:	09/01/2015	Date of Injury:	07/21/2004
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey, New York

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 34 year old male, who sustained an industrial injury on 7-21-04. Initial complaint was of his low back. The injured worker was diagnosed as having chronic pain other; lumbar facet arthropathy. Treatment to date has included acupuncture; chiropractic therapy; physical therapy; medications. Currently, the PR-2 notes dated 6-24-15 indicated the injured worker presents for a pain medicine consultation and initial examination. He complains of low back pain that is constant and radiates down the bilateral lower extremities. He describes his pain as aching, sharp, throbbing and moderate to severe. It is aggravated by bending, prolonged sitting, standing, twisting, walking and lifting, pushing and pulling. He reports moderate difficulty sleeping due to pain and reports frequent muscle spasms in the low back. He rates his pain as 6 out of 10 in intensity with medications and 10 out of 10 without medications. He reports his pain has worsened. He reports his medications are limitedly helpful, physical therapy, acupuncture, chiropractic therapy and TENS unit have been helpful. The provider documents the injured worker has a clinical history of heart, liver, lung, kidney disease; hematological disorders, psychiatric disorders, GI conditions, diabetes, hypertension and cancer. His surgical history is remarkable for a lumbar fusion, lumbar hardware removal and an appendectomy. He is currently working. On physical examination, the provider documents he has no tenderness upon palpation of the paravertebral area, buttocks, sacroiliac joint area, or piriformis notch. His range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Facet signs were present in the lumbar spine. Sensory examination is within normal limits bilaterally. Straight leg raise at 90 degrees sitting position is

negative bilaterally. The provider's treatment plan includes recommendations for diagnostic facet joint injections at the bilateral L4-5 level. If he obtains 80% or better reduction in pain, he will follow through with radiofrequency rhizotomy. The provider is requesting authorization of Retrospective Eszopiclone (Lunesta) per 5/27/15 order #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Eszopiclone (Lunesta) per 5/27/15 order #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter.

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

Decision rationale: The request is considered not medically necessary. The request is for a prescription of Lunesta. MTUS does not have guidelines for Lunesta, therefore, ODG was used. According to ODG, Lunesta is only recommended for short-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 general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. 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". There has not been any documentation of attempted improvement in sleep hygiene or a diagnosis of insomnia. Because of these reasons, the request is considered not medically necessary.