

Case Number:	CM15-0181946		
Date Assigned:	09/23/2015	Date of Injury:	11/14/2011
Decision Date:	10/27/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old female who sustained an industrial injury on 11-14-2011. The injured worker was diagnosed with cervical spine stenosis and cervical spine degenerative disc disease. According to the treating physician's progress report on August 21, 2015, the injured worker continues to experience neck and upper extremity arm pain and improved sleep with Lunesta. Examination demonstrated tenderness over the cervical spine and increased pain with flexion of the cervical spine. There was decreased sensation of the right upper extremity at the C6 distribution particularly the first dorsal webspace of the right hand. Motor strength was 4 out of 5 on the right forearm flexion, wrist extension and thumb opposition. No upper extremity edema or tenderness was documented. Prior treatments included diagnostic testing with recent cervical spine magnetic resonance imaging (MRI) on January 2, 2015, surgical spine consultation, acupuncture therapy and medications. Current medications were listed as Butrans 5mcg-hour patch, Topiramate, Nabumetone, Eszopiclone, Orphenadrine, Famotidine, Capsaicin cream. Treatment plan consists of neurological evaluation for headaches; urine drug screening scheduled for August 21, 2015, Butrans prescription, pending surgical authorization and the current request for Eszopiclone - Lunesta 1mg #30. On 09-01-2015, the Utilization Review determined the request for Eszopiclone - Lunesta 1mg #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone - Lunesta 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 (ODG), 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) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in November 2011 and is being treated for neck pain with a diagnosis of cervical spinal stenosis. An anterior cervical decompression and fusion has been requested and approved. When seen, she was having ongoing problems sleeping. Lunesta had been prescribed since at least February 2015. Review of systems was positive for anxiety. Physical examination findings included cervical spine tenderness and increased right arm pain with flexion. There was decreased right upper extremity sensation. Medications were refilled. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The continued prescribing of Lunesta (eszopiclone) is not medically necessary.