MAXIMUS Federal Services

Case Number:	CM15-0183218		
Date Assigned:	09/24/2015	Date of Injury:	02/04/2015
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 34 year old man sustained an industrial injury on 2-4-2015. Diagnoses include pain in joint of lower leg, lumbago, thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis, sleep disturbance, skin sensation disturbance, lumbar region sprains and strains, knee, leg, and ankle injury. Treatment has included oral and topical medications and bracing. Physician notes dated 8-5-2015 show complaints of low back pain with radiation to the left thigh with numbness, tingling, and weakness, right knee pain, and pelvic pain rated 7 out of 10. The worker states relief with medications. The physical examination shows the worker wearing a lumbar spine brace, left side heel strike, slowed gait, T10 spinous process tenderness, range of motion is restricted with flexion 20 degrees, extension 0 degrees, bilateral lateral bending 10 degrees, bilateral rotation 10 degrees, paravertebral muscle spasms, tenderness, and tight muscle band noticed bilaterally, spinous process tenderness is noted to L4 and L5. Heel and toe walk is normal, lumbar facet loading is positive bilaterally, straight leg raise is positive at 45 degrees on the left, ankle jerk is 2 out of 4 bilateral , patellar jerk is 2 out of 4 bilaterally, and tenderness is noted to the sacroiliac spine, T11 and T12. Hip flexors, hip extensors, ankle dorsi flexors, ankle plantar flexors, and right knee flexor strength are 4 out of 5, left knee flexor is 3 out of 5, knee extensors are 4 out of 5 on the right and 3 out of 5 on the left. Light touch sensation is decreased over the lateral calf and anterior thigh, medial thigh, and lateral thigh, and hyperesthesias are noted over the medial calf and lateral calf ion the right. Recommendations include Cyclobenzaprine, LidoPro, Lunesta, Naproxen Sodium, physical therapy, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lunesta 1mg, #30 dispensed 08/05/2015: 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 - Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress chapter, Eszopiclone.

Decision rationale: The patient presents with low back, right knee, and pelvic pain. The current request is for Retrospective Lunesta 1mg #30 dispensed 08/05/2015. The treating physician's report dated 08/05/2015 (144C) does not discuss a rationale for the request. Medical records show that the patient was prescribed Lunesta before 05/2015. The MTUS and ACOEM Guidelines are silent with regard to this request. However, the ODG Guidelines on Eszopiclone (Lunesta) states, "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase." In addition, MTUS page 60 on medications for chronic pain states that a record of pain and function with medication should be recorded. None of the reports provided note medication efficacy as it relates to the use of Lunesta. Furthermore, the ODG Guidelines do not support long-term use of this medication. The current request is not medically necessary.