MAXIMUS Federal Services

Case Number:	CM15-0187280		
Date Assigned:	09/29/2015	Date of Injury:	04/07/2004
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/23/2015

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: Colorado
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 57 year old male who sustained an industrial injury on 4-7-04. The diagnosis per the progress report is noted as depression, major single, chronic. Previous treatment includes medications, injection, physical therapy, surgery, and acupuncture. In a progress report dated 7-24-15, the treating physician notes he had an injection but is in more pain. It is noted he sleeps 3 hours a night. Objective findings reveal his affect was appropriate, constricted and depressed, mood was depressed and anxious, motor activity was calm and slightly restless, gait was antalgic and he would settle in to his chair and then arise with pain. Work status is to remain off work until follow up. The treatment plan is return to care in 2 months, increase Sertraline to 50mg 2 tablets daily #60 with 2 refills for major depressive disorder and Lunesta 2mg at bedtime #60 with 2 refills for sleep. A 3-4-15 pain management report notes he has lost approximately 80% of his normal sleep time due to pain. On 8-27-15, the requested treatment of Lunesta 2mg #60 with 2 refills was denied however a one month supply is approved for weaning recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 mg #60 with 2 refills: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.fda.gov "Eszopiclone for the treatment of insomnia." Scharf M. Expert Opin Pharmacother. 2006. Feb 7. "Eszopiclone, a nonbenzodiazapine sedative-hypnotic agent, for the treatment of transient and chronic insomnia." Najib J. Clin Ther. 2006. Apr 28." Effects of eszopiclone on safety, subjective measures of efficacy, and quality of life on elderly and nonelderly Japanese patients with chronic insomnia, both with and without comorbid psychiatric disorders: a 24 week randomized double blind study. Uchimura N, et al. Ann Gen Psychiatry. 2012. Jun 25.

Decision rationale: The MTUS Guidelines do not address the use of Lunesta, so the FDA information on drugs and MEDLINE were consulted. Per the FDA, Lunesta has been shown to "decrease sleep latency and improve sleep maintenance," so it is indicated for use in treatment of insomnia. The FDA and MEDLINE also cite several studies that do show Lunesta efficacy in long term use for chronic insomnia, up to 6 months. The use of Lunesta for longer than 6 months has not been well studied / documented as safe and effective. For the patient of concern, the most recent clinic notes that were legible were dated September 2015. The records indicate patient has taken Lunesta, at least intermittently, for more than 6 months. (Records are not clear if patient has been taking continuous.) There is no clear documentation that patient sleeps better with Lunesta, or has slept better with Lunesta in the past. The patient has comorbid psychiatric disorders and chronic pain disorder that appear to be interfering with sleep, and yet treatment of these have not significantly improved patient's condition / sleep. There is no support in the literature for use of Lunesta longer than 6 months. Without any recent documentation that Lunesta is effective for patient's sleep, and without clear documentation of how patient is to be taking the Lunesta, the request for Lunesta is not medically indicated.