MAXIMUS Federal Services

Case Number:	CM15-0189299		
Date Assigned:	10/01/2015	Date of Injury:	05/30/2003
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/25/2015

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 51-year-old female, with a reported date of injury of 05-30-2003. The diagnoses include lumbar spinal degenerative disc disease, lumbar radiculopathy, and muscle spasms. Treatments and evaluation to date have included Lidoderm patch, Lunesta (since at least 03-2015), Cymbalta, Lyrica, Norco, Zanaflex, Lexapro, Ambien (failed), Ibuprofen (failed), Flexeril (failed), Neurontin (failed), and Butrans (failed). The diagnostic studies to date have included a urine drug screen on 05-07-2015 with negative findings. The progress report dated 09- 10-2015 indicates that the injured worker had low back pain, which was rated 9 out of 10 with medications; and 10 out of 10 without medications. It was noted that her activity level has increased. The objective findings include an antalgic gait; restricted lumbar range of motion due to pain; spasm, tenderness, and tight muscle band on palpation of the lumbar paravertebral muscles; no spinal process tenderness; positive bilateral lumbar facet loading; decreased sensation to light touch over the L5 lower extremity dermatomes on the left side; and positive left straight leg raise test. It was noted that an MRI of the lumbar spine on 09-05-2014 showed small herniations and annular fissures at L4-5 and L5-S1, moderate narrowing of the neural foraminal outlets in association with facet arthropathy at L5-S1, and transitional lumbosacral junction; an MRI of the lumbar spine on 10-08-2008 showed a small central disc protrusion at L5-S1; electrodiagnostic studies on 06-14-2006 showed evidence of chronic left L5 lumbar radiculopathy without active denervation; and x-rays of the lumbar spine on 06-26-2003 showed right-sided pseudoarticulation and moderate L4-5 disc narrowing. The treating physician noted that the CURES report dated 03-03-2014 was "consistent and appropriate". The treatment plan

included Lunesta, one tablet at bedtime as needed. The injured worker was noted as permanent and stationary. On 07-16-2015 and 09-10-2015, it was noted that the injured worker's quality of sleep was "poor". The treating physician requested Lunesta 3mg #20. On 09-23-2015, Utilization Review (UR) non-certified the request for Lunesta 3mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #20: 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 (Chronic, updated 09/08/15), Eszopicolone (Lunesta); ODG Mental Illness & Stress Chapter (updated 08/31/15), Eszopicolone (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.

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 eszopicolone (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. Eszopicolone (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)" The injured worker has been prescribed Lunesta for sleep on an ongoing basis. According to the guidelines stated above, medications are not recommended for long-term treatment of insomnia. Also, Lunesta has potential for abuse, dependency, withdrawal and tolerance. The request for Lunesta 3mg #20 is excessive and not medically necessary.