

Case Number:	CM15-0189469		
Date Assigned:	10/01/2015	Date of Injury:	04/21/2003
Decision Date:	11/16/2015	UR Denial Date:	08/21/2015
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, North Carolina
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 50 year old male who sustained an industrial injury on April 21, 2003. A recent primary treating office visit dated August 06, 2015 reported subjective complaint of "neck, low back, and mid back sharp, stabbing, pain, stiffness, weakness, numbness, paresthesia, and generalized discomfort." "The patient has had a good, but partial response to treatment." The following diagnoses were applied to this visit: cervical spine disc syndrome with strain and sprain disorder, radiculopathy, spinal stenosis and also incomplete quadriparesis with the clinical presentation consistent with central cord syndrome and associated hypertension; thoracic spine strain and sprain disorder; lumbosacral spine disc syndrome with strain and sprain disorder and radiculopathy, and chronic pain syndrome with idiopathic insomnia. Medication regimen to include: Norco, Xanax, Soma, Lunesta, and Prilosec. Primary follow up dated July 09, 2015 reported medications consisting of: Norco, Hydrochlorothiazide, Prilosec, Xanax, and Soma. At primary follow up dated June 03, 2015 medications consisted of: Norco, Prilosec, Hydrochlorothiazide, Xanax, Soma, and Zanaflex. April 08, 2015 primary follow up noted two topical compound creams being prescribed to help with pain and inflammation. On August 14, 2015 a request was made for Eszopiclone 2mg #30 which was noted with modification from Utilization Review on August 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 2mg #30 refills unspecified; taken by mouth for neck sprain/strain, as an outpatient: 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), Integrated Treatment/Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress (sedative hypnotics).

Decision rationale: This patient is a 50 year-old male with neck and back pain with a request for Eszopiclone (Lunesta) 2 mg #30 with an unspecified number of refills. Lunesta is not recommended for long-term use. It may be used on a short-term basis however should be limited to 3 weeks in the first 2 months of injury. Lunesta can be habit-forming and may impair function and memory more than opioid pain relievers. There is concern that Lunesta may increase pain and depression over the long-term. Receiving hypnotics like Lunesta is associated with a greater than threefold increased hazard of death even when prescribing 18 pills per year. The FDA has reduced the starting dose of Lunesta for men and women from 2 mg to 1 mg due to the frequency of adverse events. The request for 2 mg Lunesta in this patient is not appropriate. In addition, the patient is also taking Norco, Xanax, SOMA and Zanaflex along with Lunesta, which presents concern for serious drug interactions that, could result in significant adverse outcomes. The request is thus not medically necessary or appropriate.