

Case Number:	CM15-0189640		
Date Assigned:	10/01/2015	Date of Injury:	05/04/2004
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 41-year-old female, with a reported date of injury of 05-04-2004. The diagnoses include postlaminectomy syndrome of the bilateral lumbar region, lumbar disc displacement without myelopathy, causalgia of the right upper limb, and facet arthropathy. Treatments and evaluation to date have included Lyrica, Budeprion, Nucynta, Ambien, Lunesta (since at least 03-2015), and Cyclobenzaprine. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 07-31-2015 indicates that the injured worker felt more hip pain, and she had more clicking pain in her lumbar spine and chronic right hand pain that had associated reflex sympathetic dystrophy. The injured worker rated her pain 9-10 out of 10 without medications, and 3-5 out of 10 with medications (07-31-2015 to 08-27-2015). An MRI of the lumbar spine showed grade 1 anterolisthesis at L5 on S1 with stable fusion, and mild facet arthropathy at L4-5 impinging L4 root. The physical examination showed restricted lumbar range of motion with flexion limited to 25 degrees and extension limited to 10 degrees; hypertonicity, spasm, and tenderness on palpation of the bilateral paravertebral muscles of the lumbar spine; tenderness noted on L4, L5, and into the right facet joints, but less sore; swelling over the whole right hand and wrist (mild) and discoloration; painful range of motion with all ranges; allodynia noted over the entire hand; tenderness of the sacroiliac (SI) joint and tensor fasciae latae; very tight hip flexors and minimal extension; a click with hip flexion; ability to hip hike 45 degrees due to pain; and tenderness of the piriformis. The injured worker was on social security disability, and she remained permanent and stationary and maximum medical improvement as previously declared. The treating

physician requested Eszopiclone 3mg #30. On 08-28-2015, Utilization Review (UR) non-certified the request for Eszopiclone 3mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 3mg #30 (30 days supply): 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), Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Treatment Section.

Decision rationale: The MTUS Guidelines do not address pharmacologic sleep aids. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. It is 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. 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. In this case, the injured worker has been prescribed this medication since at least March, 2013. Chronic use is not supported. Additionally, the medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Eszopiclone 3mg #30 (30 days supply) is not medically necessary.