

Case Number:	CM15-0190007		
Date Assigned:	10/02/2015	Date of Injury:	05/06/2010
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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:

This 49 year old female sustained an industrial injury on 5-6-10. Documentation indicated that the injured worker was receiving treatment for cervical and lumbar discopathy with disc displacement, left shoulder impingement and bilateral sacroiliac sprain and strain. Recent treatment consisted of medication management. In a PR-2 dated 3-19-15, the injured worker complained of ongoing left shoulder pain, lumbar spine pain originating from the sacroiliac joint and radiating across the low back and down the left leg associated with numbness and tingling and neck pain with radiation into the left arm and shoulder. The injured worker reported that medications and compound creams were somewhat helpful in alleviating pain. Physical exam was remarkable for cervical spine with tenderness to palpation, "decreased" range of motion secondary to pain and stiffness and positive left Spurling's sign, left shoulder with tenderness to palpation over the acromioclavicular joint with positive Neer's Hawkins' and O'Brien's tests, lumbar spine with tenderness to palpation over the paraspinal musculature with "decreased" range of motion and positive bilateral straight leg raise and bilateral hips with tenderness to palpation over bilateral sacroiliac joints with positive Fabere's and Patrick's tests. The treatment plan included continuing medications (Fexmid, Nalfon, Prilosec, Ultram ER, Norco and topical compound creams. In the most recent documentation submitted for review, an agreed medical- legal supplemental report dated 5-22-15, the physician stated that the injured worker's symptoms had progressively worsened over time. The physician stated that recommendations for L4-S1 laminoforaminotomy and microdiscectomy, bilateral sacroiliac joint fixation and fusion and lumbar epidural steroid injections had all been denied by insurance. On 8-25-15, the physician dispensed Lunesta 2mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 30 tablets of Lunesta (Eszopicolone) 2mg: 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 Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore the request is not medically necessary.