

Case Number:	CM15-0197634		
Date Assigned:	10/13/2015	Date of Injury:	04/08/2010
Decision Date:	11/20/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/07/2015

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: New Jersey
 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 60-year-old female, who sustained an industrial injury on 4-8-2010. Diagnoses include backache, lumbar degenerative joint disease, degenerative disc disease with disc extrusion, lumbago, and right hand and thumb pain, osteoarthritis. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatments, psychotherapy, and lumbar steroid injections. On 8-27-15, she complained of no change in the pain rated 8 out of 10 VAS with medications and 10 out of 10 VAS without medications. The current medications listed included Neurontin, Ambien, Nucynta, and Wellbutrin. The provider documented that without medications there is increased pain, increased headaches, and poor sleep, and that with medications she is able to perform household tasks for 30-45 minutes. The physical examination documented restricted lumbar range of motion secondary to pain, tenderness to muscles with spasm noted and tenderness to facet joint. The lumbar facet loading was positive bilaterally, as was the Faber test, and Pelvic compression test. The plan of care included discontinuation of Ambien as it was no longer effective, and initiates Lunesta 2mg. The appeal requested authorization for Eszopiclone (Lyrica) 2mg #25. The Utilization Review dated 9-9-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 2 mg #25: 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 Official Disability Guidelines (ODG) Mental Illness section, sedative hypnotics and eszopiclone, AND the Pain section, insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics, including eszopiclone, are not recommended for long-term use, but may be considered in cases of insomnia for up to 3-6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was record of having complained of quality of sleep being poor due to her chronic pain and being prescribed eszopiclone after Ambien had been used chronically and was now not effective. However, the primary method for improving pain-related sleep is to reduce the pain and not to use sleep aids. Regardless, both Ambien and eszopiclone are not recommended for long-term use, and it would be inappropriate to initiate another sedative medication, which would be used chronically. In addition, the FDA recommends initiating eszopiclone at 1 mg, not 2mg as requested. Therefore, this medication request will be considered medically unnecessary.