

Case Number:	CM15-0200369		
Date Assigned:	10/15/2015	Date of Injury:	12/12/2000
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/13/2015

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: 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 injured worker is a 55 year old male who reported an industrial injury on 12-12-2000. His diagnoses, and or impressions, were noted to include: lumbosacral spondylosis without myelopathy; post-laminectomy syndrome; opioid type dependence; and insomnia. No imaging studies were noted. His treatments were noted to include medication management. The progress notes of 8-25-2015 reported complaints which included: the sudden onset of constant pain, rated 7 out of 10, in the lower back with muscle tightness and spasms, that radiated to the bilateral lower extremities, hips and buttocks, with no alleviating factors; and difficulty staying asleep due to pain, with non-restful sleep. The objective findings were noted to include: thoracic and lumbar tenderness with spasms; no history of vertigo or dizziness; a signed opioid agreement with strict regimen. The current medication regimen was noted to include Lunesta 3 mg at bed time - industrial, for 30 days, dispense 30 tablets. The physician's requests for treatment were noted to include continuing medications as previous, and a prescription for Lunesta 3 mg at bed time, #30, to start on 8/26/2015. No Request for Authorization for Lunesta, between 8-26-2015 & 9-13-2015 was noted in the medical records provided. The Utilization Review of 9-13-2015 modified the request for Lunesta 3 mg, #30, to #23.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30: 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), Mental Illness and Stress - 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) Pain Chapter/Lunesta, Mental Illness and Stress Chapter/Lunesta.

Decision rationale: According to ODG's pain chapter, Eszopicolone (Lunesta) is not recommended for long-term use, but recommended for short-term use. According to ODG's mental illness and stress chapter, Eszopicolone (Lunesta) is not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. ODG recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourages use in the chronic phase. As noted in ODG, "While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this study, eszopicolone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to zolpidem at 4.82 (4.06 to 5.74). In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. (Kripke, 2012) The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. (FDA, 2014)" The medical records note that Lunesta has been prescribed for an extended period of time and as noted above, the long term utilization of Lunesta is not supported per evidence based guidelines. The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for Lunesta 3mg #30 is not medically necessary and appropriate.