MAXIMUS Federal Services

Case Number:	CM15-0201364		
Date Assigned:	10/16/2015	Date of Injury:	03/16/2008
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
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: Iowa
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 68 year old female who sustained an industrial injury on 03-16-2008. Medical records indicated the worker was treated for chronic pain syndrome, and post-laminectomy syndrome lumbar region. In the provider notes of 03-03-2015, the worker was having sleep issues. The provider in the worker's treatment plan wrote "Hold Lunesta-is not helping with sleep," and Trazadone was started on a nightly basis. In the provider notes of 08-25-2015, the worker's subjective complaints are those of continued issues with sleep and incontinence. Objectively, the gait remains antalgic and cane assisted. She has painful lumbar spine range of motion and a positive left Lasegue's with distal left leg weakness. Urine drug screens were consistent for prescribed medications. The diagnostic impressions included that of depression with sleep disorder. It was noted that the patient was taking Trazadone and Lunesta intermittently for sleep. In the treatment plan, Trazodone was continued. A request for authorization was submitted on 09-27-2015 for Eszopiclone (Lunesta) 3 mg #30 with 2 refills. A utilization review decision 09-28-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 3 mg #30 with 2 refills: 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) Pain, Insomnia treatment, Eszopiclone.

Decision rationale: Lunesta (Eszopiclone) is a benzodiazepine-receptor agonist, which is approved for short-term treatment of insomnia. MTUS does not provide recommendations on use of this medication. ODG recommends teaching and practicing proper sleep hygiene prior to initiation of medication and diagnosis of the specific component of insomnia to be addressed, prior to initiation of sleep medication. Sleep hygiene recommendations include: a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Specific components of insomnia include: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Medical documentation does not indicate documentation of discussion of sleep hygiene, diagnosis of the sleep component at issue, response to prior first-line therapies, or the need for sleep medication. The patient appears to have been taking this medication for an extended period of time on and off, and there is limited documentation to show that this has helped. The treating physician at one point indicated to hold the medication as it was not helping, and there is no additional information as to why the medication is being requested again. There has been no documented discussion of the patient's sleep hygiene or additional information to justify use of the medication. There is minimal documentation relating to the current need to continue this therapy. Therefore, the request for Eszopiclone 3 mg #30 with 2 refills is not medically necessary at this time.