

Case Number:	CM15-0021799		
Date Assigned:	02/11/2015	Date of Injury:	03/03/2011
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/05/2015

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, Georgia
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 52-year-old female, with a reported date of injury of 03/03/2011. The diagnoses include neck pain, low back pain, left shoulder impingement syndrome with tendinosis and acromioclavicular arthrosis, and lumbar discopathy with radiculitis. Treatments have included oral medications. The progress report dated 01/07/2015 indicates that the injured worker complained of constant severe cervical spine pain, left shoulder pain, and low back pain. There was no documentation about difficulty sleeping or insomnia. The treating physician requested Eszopiclone 1mg #30. The primary treating physician's request for authorization dated 01/14/2015 indicates that the Eszopiclone was prescribed to treat temporary insomnia related to the patient's pain condition. The injured worker was to take one tablet immediately before bedtime. On 01/27/2015, Utilization Review (UR) denied the request for Eszopiclone 1mg #30, noting that there was no documentation of sleep difficulties or a diagnosis of insomnia. The non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 1mg #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 & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Insomnia Treatment

Decision rationale: The CA MTUS is silent on the use of Lunesta. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep, sleep onset, sleep maintenance, sleep quality and next day function. Lunesta is recognized as the only benzodiazepine based sleep aid, which is FDA, approved for use greater than 35 days. In this case, the medical records do not detail any history of the insomnia or response to treatment with Lunesta. Therefore, there is no documentation of the medical necessity of treatment with Lunesta and the UR denial is upheld.