

Case Number:	CM15-0027202		
Date Assigned:	02/19/2015	Date of Injury:	03/25/2014
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/12/2015

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:

The injured worker is a 56 year old female, who sustained an industrial injury on March 25, 2014. The injured worker had reported a low back injury. The diagnoses have included low back pain, lumbar disc displacement and lumbar radiculopathy. Treatment to date has included medications, diagnostic testing, Toradol injection, Vitamin B-12 complex injection, a back support and activity modifications. Current documentation dated December 11, 2014 notes that the injured worker reported a constant burning type low back pain that radiated into the lower extremities. She also reported constant cervical pain which radiated into the upper extremities with associated numbness, tingling and headaches. The injured worker also had constant right shoulder pain which radiated between the arms and neck. Her pain levels were noted to be unchanged. Physical examination the lumbar spine revealed tenderness across the iliac crest, radicular pain in the lower extremities and a restricted range of motion. Right shoulder examination revealed tenderness, weakness and a positive Hawkins and impingement sign. Cervical spine examination revealed tenderness with cervical radiculitis and a positive axial loading compression test. Range of motion was limited. On January 16, 2015 Utilization Review non-certified a request for Eszopiclone 1 mg # 30 for sleep. The Official Disability Guidelines were cited. On February 12, 2015, the injured worker submitted an application for IMR for review of Eszopiclone 1 mg # 30 for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopicione tablet, thirty count: 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore the request is not certified.