

Case Number:	CM15-0027487		
Date Assigned:	02/19/2015	Date of Injury:	10/08/2013
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/13/2015

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: Physical Medicine & Rehabilitation

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 41-year-old male, who sustained an industrial injury on 10/8/13. He has reported neck and back pain. The diagnoses have included cervical strain with radicular symptoms, left C7 radiculopathy, left shoulder osteoarthritis with loose bodies, left shoulder sprain and small cervical spine disc herniation C3-5, C5-6 and C6-7. Treatment to date has included physical therapy and oral medications. (MRI) magnetic resonance imaging of cervical spine performed on 2/24/14 revealed a 1.5 mm central posterior disc protrusion at C3-4 with mild narrowing of left neural foramen, 1mm broad based posterior disc bulge at C5-6 with mild to moderate narrowing of right neural foramen and 2mm central and left paracentral posterior disc protrusion at C6-7 level with mild narrowing of left neural foramen. Currently, the injured worker complains of unchanged constant pain in neck, low back and left shoulder. Physical exam dated 12/4/14 revealed palpable cervical paravertebral muscle tenderness with spasm, palpable lumbar paravertebral muscle tenderness with spasm and tenderness around the anterior glenohumeral regional and subacromial space and no clinical evidence of instability on exam. On 2/10/15 Utilization Review non-certified Eszopiclone 1mg #30, noting the guidelines state it can only be used after careful evaluation of potential causes of sleep disturbances, there is no documentation to indicate sleep disturbance or that sleep hygiene has failed. The ODG was cited. On 2/12/15, the injured worker submitted an application for IMR for review of Eszopiclone 1mg #30.

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) Pain Chapter, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, under insomnia treatments.

Decision rationale: This patient presents with neck pain that radiates into the arms, low back pain and left shoulder pain. The current request is for eszopiclone 1 mg #30. ODG Guidelines pain chapter, under insomnia treatments section states, "Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA approved for used longer than 35 days. A randomized, double-blind controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the controlled group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period." The medical file provided for review includes no discussion regarding the requested medication. In addition, there no documentation of sleep disturbances or insomnia to warrant the use of this medications. This request is not medically necessary.