

Case Number:	CM15-0027635		
Date Assigned:	02/20/2015	Date of Injury:	05/22/2007
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
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 55 year old female who sustained an industrial injury on May 22, 2007. She has reported low back pain, neck pain, and shoulder pain and has been diagnosed with pain in joint involving shoulder region, cervical radiculopathy, and myofascial pain syndrome. Treatment has included surgery, injections, physical therapy, TENS unit, and medications. Currently the injured worker reports right sided neck pain with radiation into the posterior lateral upper extremity. There was numbness in 5 digits but particularly worse in the thumb and second finger of the right hand. The treatment plan included medications. On January 23, 2015 Utilization Review non certified Lunesta 2 mg # 30 citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: The patient presents with chronic neck and right shoulder pain. The patient also complains of sleep disturbances due to sleep. The current request is for LUNESTA 2MG #30. The Utilization review denied the request stating that Lunesta is only recommended only in the first two months after injury. 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. This patient has been utilizing Lunesta since at least 12/22/14 and reports that Lunesta really helps much for sleep. Given the patient sleeps issues and the patients report of this medications efficacy, this request IS medically necessary.