

Case Number:	CM15-0027764		
Date Assigned:	02/20/2015	Date of Injury:	07/21/2011
Decision Date:	03/31/2015	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, Indiana, New York
Certification(s)/Specialty: Internal 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 42 year old male, who sustained an industrial injury on July 21, 2011. He has reported injury of the right shoulder. The diagnoses have included chronic pain syndrome, neck pain, cervical radiculopathy, and spinal enthesopathy. Treatment to date has included radiological imaging, medications, urine drug screening, and right shoulder surgery. Currently, the IW complains of neck pain with radiation into the right arm down to the hand, and down the lower back. He rates his pain as 4/10 with medications and 9/10 without medications. Physical findings reveal tenderness to the neck, upper and lower back. The records indicate he has been prescribed Ambien long term for insomnia. The records do not indicate complaints of insomnia. On January 23, 2015, Utilization Review non-certified Lunesta 3 mg, quantity #30. The MTUS and ODG guidelines were cited. On January 26, 2015, the injured worker submitted an application for IMR for review of Lunesta 3 mg, quantity #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lunesta 3mg QTY 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)

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

Decision rationale: Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 1 mg #30 with no refills is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured workers working diagnoses are chronic pain syndrome; neck pain; cervical radiculopathy; spinal enthesopathy; fasciitis; insomnia; and depressive disorder. The documentation reflects the injured worker was taking Ambien (zolpidem) as far back as July 7, 2014. Medical record states the injured worker was gaining weight as a result of Ambien. On December 3, 2014, Ambien was changed to Lunesta. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. The date of injury is July 21, 2011. Lunesta is not clinically indicated. Lunesta was prescribed over and above Ambien (used for at least 6 months), which is also a short-term hypnotic for insomnia. Consequently, absent compelling clinical documentation in contravention of the recommended guidelines, retrospective Lunesta 3 mg #30 is not medically necessary.