

Case Number:	CM15-0027775		
Date Assigned:	02/20/2015	Date of Injury:	01/08/2013
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
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 55 year old male, who sustained an industrial injury on 01/08/2013. The diagnoses have included status post C4-C7 cervical hybrid reconstruction. Noted treatments to date have included surgery, physical therapy, home exercise program, and medications. Diagnostics to date have included x-rays of the cervical spine on 10/02/2014 revealed disc displacement at C4-5 with grafting at the C5-C7 disc spaces with metal supports per progress note. In a progress note dated 01/06/2015, the injured worker presented with complaints of intermittent pain in the cervical spine. The treating physician reported palpable paravertebral muscle tenderness with spasm. Utilization Review determination on 01/26/2015 non-certified the request for Eszopiclone 1mg, one at bedtime as needed for sleep, no refills, Quantity: 30 citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone #30 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Eszopiclone (Lunesta)

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 worker's working diagnosis is status post C4 - C7 cervical hybrid reconstruction. Lunesta was first prescribed in a progress note dated December 7, 2014. There were no complaints of insomnia nor was there a diagnosis of insomnia. A subsequent progress note dated January 6, 2015 indicated the injured worker was going to get a refill for Lunesta. The January 6, 2015 progress note did not contain documentation of insomnia or difficulty sleeping. Subjective complaints included neck pain. Constantly, absent clinical documentation supporting subjective complaints of insomnia and a diagnosis of insomnia, Lunesta (Eszopicolone) 1 mg #30 with no refills is not medically necessary.