

Case Number:	CM15-0214373		
Date Assigned:	11/04/2015	Date of Injury:	02/28/2005
Decision Date:	12/15/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/30/2015

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 56 year old male who sustained an industrial injury February 28, 2005. Past history included status post (5) lumbar surgeries (the last in 2012); lumbar facet arthropathy; lumbar radiculopathy; lumbar spondylosis without radiculopathy; major depressive disorder, single episode unspecified. According to a physician's report dated October 1, 2015, the injured worker presented for medication management for persistent symptoms of depression, anxiety and stress-related medical complaints. The physician provided a check list which included complaints of lack of motivation, difficulty thinking and sleeping, pessimism, diminished self-esteem, excessive worry, early morning waking and inability to relax. He reported tension headaches, increased pain, peptic acid reaction and constipation. Improvements with medication included; better concentration and sleep, gets along better, less headaches and less depressed. Objective findings checked off as; depressed facial features, visible anxiety, and emotional withdrawal. Treatment plan included to discontinue Ambien and start Lunesta. At issue, is a request for authorization dated October 1, 2015 for Lunesta. According to utilization review dated October 15, 2015, the requests for Seroquel, Wellbutrin, and Buspar were certified. The request for Lunesta 30mg #30 with (2) Refills is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 30mg, #30 with 2 refills: 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 (Acute & chronic) Insomnia.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 3 mg #30 with 2 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 diagnoses are major depressive disorder, single episode unspecified; generalized anxiety disorder; and psychological factors affecting medical condition. Date of injury is February 28, 2005. Request for authorization is October 1, 2015. According to a December 1, 2014 progress note, Ambien was prescribed to the injured worker, but modified by the utilization reviewer. According to progress notes dated March 25, 2015 and April 20, 2015, Ambien was noncertified. According to an October 1, 2015 progress note, subjective complaints included difficulty sleeping and early-morning awakenings. The treating provider prescribed Lunesta 3 mg #30 with two refills. 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 February 28, 2005 (10 years ago). Pain specialists rarely, if ever, recommend them for long-term use. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non recommendations for long-term use (prescribed after a course of Ambien that was subsequently noncertified) and a request for Lunesta with two refills, Eszopicolone (Lunesta) 3 mg #30 with 2 refills is not medically necessary.