

Case Number:	CM15-0214702		
Date Assigned:	11/05/2015	Date of Injury:	06/20/2014
Decision Date:	12/22/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/02/2015

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: Family Practice

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 52 year old male, who sustained an industrial injury on 06-20-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for a right shoulder injury, complex regional pain syndrome, myofascial pain, gastritis, sleep issues, depression, and bipolar disorder. Medical records (09-03-2015 to 10-20-2015) indicate ongoing depressive symptoms and intermittent suicidal ideations. Additional complaints included difficulty sleeping, difficulty with moods, lack of energy and motivation, lack of interest, and poor concentration. Pain levels were rated 0 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in complaints, activity level or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The exam, dated 10-20-2015, revealed edematous right arm, attentive and focused, and a sad and depressed mood and affect. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications (Lunesta for several months). A PR, dated 10-08-2015, indicated that Lunesta was helping but wasn't strong enough. A sleep hygiene evaluation (10-08-2015) showed an Epworth Sleepiness score of 14. The request for authorization (10-08-2015) shows that the following medication was requested: Lunesta 2mg #30. The original utilization review (10-28-2015) non-certified the request for Lunesta 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 mg 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: Mental Illness & Stress - Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Eszopicolone (Lunesta), Mental Illness and Stress Chapter/ Eszopicolone (Lunesta).

Decision rationale: According to ODG, Eszopicolone (Lunesta) is not recommended for long-term use, but recommended for short-term use. ODG recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. As noted in ODG, while sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this study, eszopicolone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to zolpidem at 4.82 (4.06 to 5.74). In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. (Kripke, 2012) . The medical records note that the injured worker has been previously prescribed Lunesta and the request is to increase the dosage. As noted above, Lunesta is not supported for long-term use. The request for Lunesta 2 mg Qty 30 is not medically necessary and appropriate.