

Case Number:	CM15-0222742		
Date Assigned:	11/18/2015	Date of Injury:	03/04/1997
Decision Date:	12/31/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/12/2015

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 78-year-old female, who sustained an industrial injury on 3-4-1997. Diagnoses include acute-chronic arthritis, fibromyalgia, upper back pain, knee pain, and psoriasis of the scalp. Treatments to date include activity modification, medication therapy, trigger point injections, and epidural steroid injections. Current medications included Gabapentin 300mg, one four times daily since at least June 2015. Medications prescribed for at least a year included Lunesta 3mg nightly, Cymbalta 60mg daily, and Soma 350mg three times daily as needed. On 8-18-15, she complained of ongoing low back pain. It was noted she stopped Lyrica and increased the Gabapentin to 1200mg three times daily. The physical examination documented diffusely tender trigger point with hyperalgesia and allodynia noted. The plan of care included decreasing Gabapentin to 600mg three times daily. On 9-22-15, she reported she "decreased Lyrica but still with blurring, possible due to cataract according to patient." The subjective and objective findings were unchanged. The appeal requested authorization for Eszopiclone (Lunesta) 3mg tablets #90. The Utilization Review dated 11-6-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone tab 3mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 (Eszopicolone).

Decision rationale: Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 3 mg #90 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 diagnoses are acute/chronic arthritis, possible aspect psoriatic arthritis; fibromyalgia; and fatigue. Date of injury is March 4, 1997. Request for authorization receipt date is November 5, 2015. There is no request for authorization for the medical record. The medical record contains 43 pages. According to progress note dated October 22, 2014, the injured worker is 78 years old and takes multiple sedating medication including Lunesta. Medications include gabapentin, Cymbalta, Soma, Norco and Vicodin. According to an August 18, 2015 progress note, subjective complaints of low back pain with the pending epidural steroid injection. Objectively, there are diffuse trigger points. The documentation does not indicate the location of the trigger points. There is no documentation of insomnia or sleep difficulties areas Lunesta is not recommended for long-term use, but recommended for short-term use. Lunesta first appears in the progress note dated September 22, 2014. Lunesta was continued through August 18, 2015, 11 months later. There are no compelling clinical facts to support the ongoing use of Lunesta. There is no documentation of insomnia or sleep difficulties. There is no documentation demonstrating objective functional improvement. There is no clinical indication or rationale for Lunesta or a three month supply (#90 as written) of Lunesta. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Eszopicolone (Lunesta) 3 mg #90 with no refills is not medically necessary.