MAXIMUS Federal Services

Case Number:	CM15-0036061		
Date Assigned:	03/04/2015	Date of Injury:	11/16/2004
Decision Date:	04/09/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 reported an injury on 11/16/2004. The mechanism of injury was not stated. The current diagnosis is lumbar spine sprain/strain. The latest physician progress report submitted for review is documented on 07/24/2014. The injured worker presented with complaints of persistent low back pain. Upon examination, there was tenderness to palpation of the lumbar spine with decreased range of motion. The injured worker ambulated with the assistance of a cane. Recommendations included continuation of the current medication regimen of gabapentin 600 mg, Colace, Opana ER, Cymbalta, Xanax, Abilify, and Lunesta. There was no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopicolne 3mg, #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, Pain (Chronic), Eszopicolone (Lunesta), Insomnia Treatment.

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

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. In this case, there was no documentation of a failure of nonpharmacologic treatment of insomnia prior to the request for a prescription product. There was no mention of functional improvement despite the ongoing use of this medication. Guidelines would not support long-term use of hypnotics. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.