

Case Number:	CM15-0036693		
Date Assigned:	03/05/2015	Date of Injury:	03/08/2010
Decision Date:	04/15/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 48-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 8, 2010. In a Utilization Review Report dated February 11, 2015, the claims administrator failed to approve a request for Lunesta. The claims administrator referenced a January 26, 2015 progress note in its determination. The applicant's attorney subsequently appealed. The applicant was using Ambien, Neurontin, Cymbalta, Tylenol No. 3, and diclofenac for ongoing complaints of shoulder and wrist pain as of an earlier progress note dated August 20, 2014. The applicant had apparently developed complex regional pain syndrome (CRPS), it was alleged. The applicant did not appear to be working with previously imposed permanent limitations in place. Lunesta, Cymbalta, Prilosec, Neurontin, Pamelor, Tylenol with Codeine, and MS Contin were endorsed in a subsequent progress note dated February 23, 2015. The applicant was described as disabled. The applicant was unable to do activities of daily living as basic as cooking, housekeeping, and shopping, it was further noted. The applicant was using a walker to move about.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone tab 2mg #30 with 30 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress - Eszopicolone (Lunesta).

Decision rationale: No, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of Lunesta, a sleep aid. However, ODG's Mental Illness and Stress Chapter, Eszopiclone topic notes that eszopiclone or Lunesta is not recommended for chronic or long-term use purposes but, rather, should be reserved for short-term purposes. Here, however, the 30-tablet, two-refill supply of Lunesta at issue represents treatment in excess of ODG parameters. No clear or compelling rationale was furnished for the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does, moreover, suggest that an attending provider incorporate some discussion of applicant-specific variables such as 'other medications' into his choice of recommendations. Here, the attending provider did not clearly outline why the applicant needed to use so many different sedating medications, namely Pamelor, Lunesta, and Neurontin. Therefore, the request was not medically necessary.