

Case Number:	CM15-0037228		
Date Assigned:	03/05/2015	Date of Injury:	07/12/2010
Decision Date:	04/23/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/27/2015

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 51-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 12, 2010. In a Utilization Review Report dated February 3, 2015, the claims administrator failed to approve a request for eszopiclone (Lunesta). The claims administrator referenced progress notes of October 21, 2014 and January 30, 2015 in its determination, along with an RFA form dated January 25, 2015. The applicant's attorney subsequently appealed. In a handwritten progress note dated August 12, 2014, the applicant reported ongoing complaints of elbow pain status post earlier elbow debridement surgery. Medication function and medication efficacy were not detailed. In an RFA form, seemingly dated January 27, 2015, fenoprofen, Prilosec, cyclobenzaprine, tramadol, and Lunesta were endorsed. No clinical progress notes were attached. In a November 25, 2014 progress note, the applicant reported ongoing complaints of elbow pain status post earlier cubital tunnel release surgery. The attending provider stated that he was refilling medications under a separate cover. 7/10 elbow pain was reported. There was no mention of the applicant's having any issues with insomnia evident on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Lunesta (Eszopiclone).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration GuidelinesMental Illness & StressEszopiclone (Lunesta).

Decision rationale: No, the request for eszopiclone (Lunesta) was not medically necessary, medically appropriate, or indicated here. While the MTUS does not address the topic, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed. Here, however, the January 27, 2015 RFA form did not clearly state why Lunesta was being prescribed. No clinical progress notes were attached to the same. There was no mention of the applicant's was having personally experienced any issues with insomnia. ODGs Mental Illness and Stress Chapter Eszopiclone topic further notes that Lunesta is recommended for short-term use purposes but is not, however, recommended for long- term use purposes. Here, the attending provider's January 27, 2015 RFA form did not clearly state whether Lunesta was employed for short- or long-term use purposes. Therefore, the request was not medically necessary.