

Case Number:	CM15-0038006		
Date Assigned:	03/06/2015	Date of Injury:	12/17/2007
Decision Date:	04/13/2015	UR Denial Date:	02/20/2015
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: California

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

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 67 year old male who sustained an industrial injury on December 17, 2007. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar discogenic syndrome, lumbar disc displacement with left radiculitis and myofascial pain. There was no documentation of surgical interventions. According to the primary treating physician's progress report on January 9, 2015, the injured worker continues to experience low back pain radiating to the lower extremities. Current medications consist of Fenoprofen, Gabapentin, Tramadol and Cyclobenzaprine. Treatment modalities consist of chiropractic therapy (42 sessions according to the Utilization Review report) and acupuncture therapy (38 sessions according to the Utilization Review report). There is no discussion of an active home exercise program in place. On February 20, 2015 the Utilization Review denied certification for Eszopiclone Tablets 2 mg #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiglone Tablets 2 mg #30 with no 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), pain chapter, Insomnia treatment, Eszopiclone, mental chapter.

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, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Lunesta (eszopiclone), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no clear description of the patient's insomnia or what behavioral treatments have been attempted to treat it. Finally, the current prescription exceeds the recommended duration of treatment by ODG and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Lunesta (eszopiclone) is not medically necessary.