

Case Number:	CM15-0038655		
Date Assigned:	03/09/2015	Date of Injury:	04/13/2012
Decision Date:	04/13/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	03/02/2015

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 was a 48 year old male, who sustained an industrial injury, April 13, 2012. According to progress note of January 8 2015, the injured workers chief complaint was low back pain. The pain was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The pain was characterized by sharp radiating down into the lower extremities. The injured worker rated the pain 5 out of 10; 1 being minimal pain and 10 being the worse pain. The physical exam noted tenderness of the paravertebral muscles. The seated nerve root testing was positive. The flexion and extension were guarded and restricted. There was numbness and tingling in the lateral thigh, anterior leg and foot and L5 dermatome pattern. The injured worker was diagnosed with Lumbago, low back pain, lumbar disc displacement, lumbar radiculopathy, hypertension, sleep apnea and non-ischemic ST-T wave changes on EKG (Electrocardiography). The injured worker previously received the following treatments lumbar spine epidural injection helped with right leg pain, Cyclobenzaprine, Tramadol, Omeprazole, Fenoprofen Calcium, Eszopiclone (Lunesta) for sleep and CPAP machine for sleep apnea.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Eszopiclone 1mg: 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), Mental Illness & Stress, Insomnia treatment and pain chapter.

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.

Decision rationale: Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 1 mg #30 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 diagnosis is lumbago. There are no subjective complaints of insomnia or sleep issues. The injured worker does have a history of obstructive sleep apnea and uses CPAP. Lunesta is indicated for short-term use of insomnia. There is no diagnosis or clinical support for insomnia. Consequently, absent clinical documentation of insomnia or sleep disorder (other than obstructive sleep apnea), Eszopicolone (Lunesta) 1 mg #30 with no refills is not medically necessary.