

Case Number:	CM15-0038831		
Date Assigned:	03/09/2015	Date of Injury:	07/08/2010
Decision Date:	04/16/2015	UR Denial Date:	02/06/2015
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: Montana

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 injured worker is a 56 year old female, who sustained a work/ industrial injury on 7/8/10 as a risk analyst for an insurance agency. She has reported symptoms of sharp neck pain that radiated to the upper extremities along with numbness, back pain, shoulder pain and right hip pain. The diagnosis have included cervical and lumbar discopathy, with chronic cervicgia, possible right L5-S1 radiculopathy, bilateral carpal tunnel syndrome, left cubital tunnel syndrome, bilateral shoulder impingement, partial tear of the supraspinatus tendon, left shoulder, right hip pain and likely full thickness tear of the supraspinatus tendon with superior labral tear, right shoulder. Treatments to date included physical therapy, injections, orthopedic evaluation, chiropractic treatment, acupuncture and oral and topical medications. Diagnostics included a Magnetic Resonance Imaging (MRI) with evidence of osteochondritis dessicans in the medial aspect of radial head with 5 mm subchondral cysts in distal lateral humeral condyle, right elbow. Electromyogram reported entrapment neuropathy of median nerve at the left and right wrists. The primary treating physician's (orthopedic) report from 1/8/15 indicated the injured worker was in constant pain in the cervical area with radiation to the upper extremities with associated tingling and numbness. There were associated headaches (migraine type) and tension between the shoulder blades. Pain was rated 8/10. There was also pain in the bilateral wrists (R>L). The right hip had pain and tenderness in the anterolateral aspect with pain with hip rotation. Treatment plan was for a course of physical therapy, pharmacological agents for symptomatic relief were to also be ordered. The treating physician prescribed eszopiclone on 11/13/14.

Utilization Review on 2/6/15 did not certify the request for eszopiclone (Lunesta), 1 at bedtime #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone #30 1 at bedtime PRN sleep: 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, 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). Eszopiclone.

Decision rationale: The ODG guidelines state that eszopiclone (Lunesta) is not recommended for long-term use, but recommended for short-term use. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this study, eszopiclone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to zolpidem at 4.82 (4.06 to 5.74). In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. The ODG guidelines state that, for insomnia, treatment should be based on the etiology, with the medications recommended below. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In this case the injured worker was prescribed on eszopiclone (Lunesta) on 11/13/14. There is no documentation regarding use of the medication and efficacy or functional improvement. There is no discussion concerning sleep hygiene measures and no actual diagnosis of primary or secondary insomnia. The request for eszopiclone, 1 at bedtime #30, is not medically necessary.