

Case Number:	CM15-0042884		
Date Assigned:	03/13/2015	Date of Injury:	07/20/2012
Decision Date:	07/02/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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

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 54 year old male with an industrial injury dated 07/20/2012 resulting in injury to his right shoulder. His diagnoses included cervical discopathy/cervicalgia and status post right shoulder rotator cuff repair times two. Prior treatments included diagnostics, injection to right shoulder, physical therapy and right shoulder surgery times 2. He presents on 01/14/2015 with pain in the cervical spine radiating into the upper extremities with associated tingling and numbness and headaches. The pain is rated as 8/10. He also complained of constant pain in the right shoulder. Physical examination of the cervical spine revealed paravertebral muscle tenderness with spasm. Range of motion was limited and painful. There was tenderness of the right shoulder. Range of motion of internal rotation and forward flexion reproduced significant symptoms. The treatment request is Eszopicione 1 mg # 30 for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopicione 1 mg #30: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Eszopicolone (Lunesta).

Decision rationale: The patient presents on 11/05/14 with cervical spine pain rated 8/10 which radiates into the bilateral upper extremities with numbness and tingling, and associated headaches. The patient's date of injury is 07/20/12. Patient is status post two unspecified surgeries to the right shoulder following workplace injury. The request is for ESZOPICLONE 1MG #30. The RFA was not provided. Physical examination dated 11/05/14 reveals tenderness to palpation of the cervical paraspinal muscles with spasms noted, positive axial loading compression test which elicits pain in the upper extremities. Spurling's maneuver is noted to be positive, and there is decreased range of cervical motion secondary to pain. Neurological examination reveals decreased sensation in the bilateral extremities along the C6-C7 dermatomal distribution. Right shoulder examination reveals a well healed scar, tenderness around the anterior glenohumeral region and subacromial space, and pain elicitation upon rotation and forward flexion. The patient's current medication regimen is not included. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS/ACOEM did not discuss Lunesta or insomnia treatment, though ODG pain chapter, for Insomnia treatment states: "Recommend that treatment 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." ODG pain chapter, for Eszopicolone (Lunesta) states: "Not recommended for long-term use, but recommended for short-term use." In regard to the continuation of this patient's Lunesta, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been taking Lunesta since at least 11/20/14, though efficacy is not addressed in the subsequent reports. While MTUS does not discuss this particular medication, ODG only supports short-term use. The requested 30 tablets does not imply intent to limit use to 7-10 days. Therefore, the request IS NOT medically necessary.