

Case Number:	CM15-0043961		
Date Assigned:	03/13/2015	Date of Injury:	02/01/2011
Decision Date:	04/17/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/10/2015

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 58-year-old male who sustained an industrial injury on 02/01/2011. Current diagnoses include failed back surgery syndrome-lumbar, lumbar post laminectomy syndrome, lumbar radiculopathy, status post fusion, anxiety, constipation-chronic, depression, iatrogenic opioid dependency, chronic pain, and T8 compression on spinal cord. Previous treatments included medication management, lumbar epidural steroid injection, psychiatric care, back surgery, and home exercise program. Current diagnostic studies included urine toxicology screening, MRI of the lumbar spine x2, thoracic spine x2, abdomen, and cervical spine, and CT of the thoracic spine and abdomen. Report dated 12/24/2014 noted that the injured worker presented with complaints that included neck pain, thoracic back pain, low back pain, upper extremity pain, insomnia, and constipation. Pain level was rated as 8 out of 10 on the visual analog scale (VAS) with medications. The injured worker noted that his insomnia was associated with depression, and ongoing pain. Physical examination was positive for abnormal findings. The treatment plan included in-office trigger point injections, continuation of current medications, which include Ambien, Percocet, and Senokot-s, request for lumbar epidural transforaminal steroid injection, request for urology QME, and continuation of home exercise program. Disputed issue includes eszopiclone (Lunesta).

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 3mg, per 01/29/15 order qty: 30.00: 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 (updated 01/19/15); ODG Mental Illness & Stress (updated 11/21/14).

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 eszopiclone, California MTUS does not address the issue. 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 current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to treatment. Furthermore, there is no indication that the medication is being used for short-term treatment as recommended by guidelines. In the absence of such documentation, the currently requested eszopiclone is not medically necessary.