

Case Number:	CM15-0044456		
Date Assigned:	03/16/2015	Date of Injury:	02/04/2004
Decision Date:	05/12/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/09/2015

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 56 year old female, who sustained an industrial injury on February 4, 2004. The diagnoses have included chronic pain syndrome, opiate dependent stable, chronic cervicgia, secondary to failed cervical surgery in 2005 related to a remote work injury in 2004, chronic cervicgia secondary to degenerative disc disease, chronic cervicgia secondary to MPS, chronic insomnia secondary to pain, depression and anxiety without suicidal ideations, related to chronic ongoing pain, stable and other medical issues. Treatment to date has included Lunesta for sleep, Magnetic resonance imaging of cervical spine, discectomy and vertebral fusion at C4-5 with intact hardware and normal alignment. Currently, the injured worker complains of cervical pain radiating down her arms and poor balance. In a progress note dated January 29, 2015, the treating provider reports examination revealed unable to heel or toe walk, holds on to the wall when walking, well healed cervical incision, TTP C5-6 and less at C6-7, reduced range of motion, positive tender points throughout the splenius capitis, levator scapula bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30 refill:3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

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

Decision rationale: The patient presents on 01/29/15 with cervical pain rated 7/10, which radiates into the bilateral upper extremities and insomnia secondary to pain. Patient notes that pain is 5/10 with medications. The patient's date of injury is 02/04/04. Patient is status post cervical fusion at C4/C5 with hardware placement at a date unspecified. The request is for Lunesta 3MG #30 refill 3. The RFA was not provided. Physical examination dated 01/29/15 reveals a well healed cervical incision, tenderness to palpation from C5 to C7 levels, markedly decreased range of cervical motion in all planes, and point tenderness throughout the splenius capitis. Neurological examination reveals reduced upper extremity grip strength bilaterally and reduced biceps, triceps, and brachioradialis reflexes bilaterally, otherwise normal sensation. The patient is currently prescribed Methadone, OxyIR, Lunesta, Lyrica, Lexapro, and an unspecified stool softener. Diagnostic imaging was not provided. Patient's current work status is not provided. 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 12/03/14. Addressing efficacy, the subsequent report dated 01/29/15 documents that this patient reports less than 3 hours of sleep a night, even with Lunesta. While MTUS does not discuss this particular medication, ODG only supports short-term use. The requested 30 tablets with three refills, in addition to prior use, does not imply intent to utilize this medication short term. Therefore, the request IS NOT medically necessary.