MAXIMUS Federal Services

Case Number:	CM15-0056175		
Date Assigned:	04/01/2015	Date of Injury:	03/27/2013
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/24/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 49 year old with an industrial injury dated 03/27/2013. His diagnosis was lumbago. Prior treatment included anti-inflammatories, muscle relaxants, diagnostics and epidural steroid injections. In the progress note dated 02/16/2015 the injured worker presents complaining of low back pain with radiation into the lower extremities. Physical exam of lumbar spine noted muscle tenderness with spasm. Standing flexion and extension were guarded and restricted. The provider notes the injured worker is benefiting from taking medications and they are helping in curing and relieving the symptomatology. The provider also notes the medications are improving the injured worker's activities of daily living and making it possible for him to continue working and maintaining the activities of daily living. The plan of care included diagnostics and refill of medications to include a medication for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 1mg #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, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was only a brief documentation, suggesting the worker had insomnia related to pain. However, if the worker had insomnia, there was no record of the provider suggesting other methods to help the insomnia before considering a short course of eszopiclone, which would not be a long-term solution anyway. Therefore, the eszopiclone will be considered medically unnecessary.