

Case Number:	CM15-0056832		
Date Assigned:	04/01/2015	Date of Injury:	10/20/2010
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/25/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 53-year-old female whose date of injury is 10/20/2010. She reported low back and right leg pain and was diagnosed with lumbar or lumbosacral disc degeneration, sciatica and lumbar spine neuritis or radiculitis. Treatment to date has included medications, radiological studies, acupuncture, heat and ice treatment and massage therapy. 01/19/2015 notes that she reported constant low back and right leg pain which decreased her functional abilities. Physical exam revealed painful and limited range of motion with increased muscle tightness and pain, and paresthesias to light touch bilaterally in the medial and lateral legs. Special testing of the hips and knees were positive, as was neurological slump test. She reports 3 hours of sleep per night due to pain. She was prescribed and received Zanaflex for the muscle spasms with the anticipation that it would aid sleep as well. The treating physician's plan of care included a request for the medication Eszopiclone 1 mg. This medication has been dispensed in house per progress notes provided. UR of 03/06/15 non-certified eszopiclone 1mg (Lunesta) for unknown quantity. Physical medicine progress note of 03/19/15 indicated that Lunesta improved sleep to 2 hours per night. She was depressed, angry/irritable, anxious, and had mood swings due to pain, which effected sleep, relationships with others, and ability to concentration as 10/10. Effect on enjoyment was rated as 8/10. A progress note of 04/17/15 shows her pain rating as 5-10/10 for 2/3 of the day, with pain affecting her sleep as 10/10. No change in psych symptoms as noted above. Lunesta was effective in increasing sleep to 6.5 hours per night, she awoke restful, and without sluggishness. She felt relief by decreased pain levels. Other medications included Zanaflex, Lyrica, Norco, Fentanyl patch, Lipitor, and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 1mg DOS 02/17/2015 unknown quantity: 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) Mental Health and Stress, 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, Insomnia treatment.

Decision rationale: The California MTUS is silent regarding Eszopiclone. The Official Disability Guidelines, Pain chapter, regarding Insomnia treatment states "Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. 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. 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. Non-Benzodiazepine sedative-hypnotics: First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. (Walsh, 2007) Side effects: dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. Dosing: 1-2 mg for difficulty falling asleep; 2-3 mg for sleep maintenance. The drug has a rapid onset of action. (Ramakrishnan, 2007)." Eszopiclone (Lunesta) is a non-benzodiazepine receptor agonist recommended as a first line agent for insomnia effective for reduced sleep latency and for sleep maintenance, and is FDA approved for use of longer than 35 days. A randomized double blind controlled study has shown improved sleep over a six month period. The patient has shown improvement with increased sleep to 6.5 restful hours of sleep per night and no side effects. Her pain has also reduced somewhat with medication management. However, it is unclear when the Eszopiclone was started, or if sleep hygiene education was provided. There was no quantity requested. Therefore, this request is not medically necessary.

