

Case Number:	CM14-0120018		
Date Assigned:	08/06/2014	Date of Injury:	01/27/2011
Decision Date:	10/07/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 31-year-old male who has submitted a claim for lumbosacral degenerative disc disease associated with an industrial injury date of January 27, 2011. Medical records from 2014 were reviewed. The patient complained of constant aching pain in the lumbosacral junction and over the sacrum and the left buttock. The pain extends to the dorsal aspect of the left foot. He has burning pain in both legs in the thigh. The pain was rated 5/10 in severity. The patient was not able to sleep well. Physical examination showed spasm on the lower lumbar paravertebral muscles bilaterally. FABER test was positive bilaterally. Extension and flexion of the lumbar spine was painful. Straight leg raise test was positive bilaterally. Motor strength and sensation was intact. MRI of the lumbar spine, dated July 5, 2012, revealed degenerative disc disease at L3-L4, L4-L5 and L5-S1, and 2mm broad-based disc bulge at L4-L5 and 3mm at L5-S1. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, chiropractic therapy, acupuncture, home exercise program, activity modification, lumbar radiofrequency ablation, lumbar epidural steroid injections, and lumbar spinal fusion. Utilization review, dated July 9, 2014, denied the request for Lunesta 3mg 1 tab at HS prn #30 because there was no documentation of sleep habits including absence of any record of sleep pattern disturbance, no adverse effects of the alleged sleep disorder, and no documentation that there was education in sleep hygiene techniques.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg 1 tab at HS PRN #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) online version - Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lunesta

Decision rationale: CA MTUS does not specifically address Eszopiclone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. It states that Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. ODG also recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of Eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. In this case, the patient was prescribed Lunesta since June 2014. Patient states that Lunesta is working much better than Ambien. However, response to the medication was not documented. There was no documentation of sleep hygiene, nocturnal awakenings, daytime sleepiness, and sleep quality in the submitted reports. Moreover, recent progress report dated July 25, 2014 state that he is still not able to sleep well. Furthermore, ODG guidelines recommend the starting dose of 1 mg because of long-lasting impairment effects. The present request exceeded the recommended dosage. The medical necessity has not been established. Therefore the request for Lunesta 3mg 1 tab at HS PRN #30 is not medically necessary.