

Case Number:	CM14-0121153		
Date Assigned:	08/06/2014	Date of Injury:	03/12/2012
Decision Date:	12/17/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/31/2014

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 Orthopaedic Surgery 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:

This 56-year-old female in-home caregiver sustained an industrial injury on 3/12/12. Injury to the neck and back occurred when a very heavy client she was assisting fell on her. She underwent C3-C7 corpectomy and anterior cervical discectomy and fusion on 10/16/12. The 6/14/13 lumbar spine MRI demonstrated 6 mm of retrolisthesis at L5/S1, right lateral disc protrusion, S1 nerve root impingement, and moderate to severe neuroforaminal narrowing. The 4/7/14 lower extremity electrodiagnostic study documented findings of mild chronic right S1 radiculopathy with evidence of running denervation/reinnervation. Records indicated that authorization for L4/5 and L5/S1 lumbar discectomy and instrumented fusion was pending. The 5/18/14 and 6/18/14 treating physician progress report noted continued complaints of pain. Physical exam documented pain and stiffness with limited lumbar range of motion and 4/5 left lower extremity weakness. The diagnosis was lumbar radiculitis, degenerative lumbar intervertebral disc, cervical radiculitis, and acquired spondylolisthesis. Medications included Lunesta, Flexeril, and Norco. There was no documentation of sleep benefit with the use of Lunesta. The 7/15/14 utilization review denied the request for Lunesta as there was no clinical documentation of insomnia and this medication is only supported for short-term use. The 7/23/14 treating physician report cited severe low back pain with difficulty in ambulation causing her to fall, and worsening neck pain with radiating upper extremity pain and bilateral hand numbness. The patient was using a cane but a walker was recommended for better balance. Medications included Lunesta, Tramadol ER, Flexeril, and Norco. The treating physician indicated a change in medication from Lunesta to Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 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 (ODG), Mental Illness and Stress, Eszopicolone(Lunesta).

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not provide recommendations relative to Lunesta. The Official Disability Guidelines do not recommend the use of Lunesta (eszopicolone) for long-term use, but it is recommended for short-term use for insomnia. Guidelines indicate that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Guideline criteria have not been met. There is no clear indication of how long this patient has been prescribed Lunesta, at least since 5/18/14. Sleep disturbance due to pain is documented in the records. There is no current documentation of sleep benefits derived from the use of Lunesta. Given the absence of documented benefit and guideline support for long-term use, continuation of Lunesta is not indicated. The medication was dispensed so weaning is not required. Therefore, the request is not medically necessary.