

Case Number:	CM14-0124115		
Date Assigned:	08/08/2014	Date of Injury:	04/07/2003
Decision Date:	10/08/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is an injured male worker. The date of injury is April 7, 2003. The patient sustained an injury to the cervical spine. The patient currently carries a diagnosis of cervical disc degeneration. The mechanism of injury was not outlined in the notes available for review. The patient currently complains of neck and shoulder pain rated 7 out of 10 in severity. The patient also has insomnia secondary to chronic pain. Patient is maintained on any multimodal pain medication regimen including Lunesta. A request for Lunesta was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30 with 1 refill: Overturned

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

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), Insomnia

Decision rationale: According to the ODG, the Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are First-line medications for insomnia. This class of

medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (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. Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. According to the documents available for review, the patient does carry a diagnosis of insomnia. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established. The request is medically necessary. According to the documents available for review, the patient does carry a diagnoses of insomnia. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established. The request is medically necessary.