

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0135296 | | |
| Date Assigned: | 08/29/2014 | Date of Injury: | 03/05/1999 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 08/07/2014 |
| Priority: | Standard | Application Received: | 08/22/2014 |

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 Management 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:

According to the records made available for review, this is a 58-year-old female with a 3/5/99 date of injury. At the time (7/10/14) of request for authorization for Lunesta 2 Mg #30, there is documentation of subjective (pain rated 4-5/10, moderate cervical muscle spasms, multiple tender and trigger point areas within neck and upper trapezius muscle, radicular symptoms in upper extremities, cervicogenic headaches and migraine headaches, depression, anxiety, and insomnia) and objective (cervical muscle spasms with multiple tender and trigger point areas in the upper trapezius muscle groups bilaterally, muscle spasms around neck and into the shoulders, decreased range of motion of cervical spine to flexion, extension, and lateral rotation, motor weakness in left upper extremity at 5-/5, sensory deficit to light touch and thermal sensation in left upper extremity over the dermatomes C5, C5, and C7, positive Tinel's in wrists bilaterally, and tender to palpation over hands, wrists, and elbows) findings, current diagnoses (multilevel cervicgia, repetitive stress injury, bilateral upper extremity neuropathic pain, myofascial syndrome, and migraine headache), and treatment to date (medications (including ongoing treatment with Lunesta since at least 12/12/13 with improved sleep time and sleep initiation and function improved and ability to perform activities of daily living with medications)). There is no documentation of short-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 2 MG #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.

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, Eszopicolone (Lunesta); Insomnia treatment.

Decision rationale: The MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia which includes eszopicolone (Lunesta). In addition, ODG identifies that Lunesta is not recommended for long-term use, but recommended for short-term use. Within the medical information available for review, there is documentation of diagnoses of multilevel cervicalgia, repetitive stress injury, bilateral upper extremity neuropathic pain, myofascial syndrome, and migraine headache. In addition, there is documentation of insomnia. Furthermore, given documentation of ongoing treatment with Lunesta with improved sleep time and sleep initiation and function improved and ability to perform activities of daily living with medications, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Lunesta use to date. However, given documentation of ongoing treatment with Lunesta since at least 12/12/13, there is no documentation of short-term use. Therefore, based on guidelines and a review of the evidence, the request for Lunesta 2 Mg #30 is not medically necessary.