

Case Number:	CM14-0160925		
Date Assigned:	10/06/2014	Date of Injury:	04/12/2012
Decision Date:	11/13/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/30/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 injured worker is a 59 year old woman with a work-related injury dated 4/12/12 resulting in chronic low back pain. The medical records were reviewed. The patient has been previously treated with L4-5 fusion, physical therapy and oral analgesic medications. The primary provider evaluated the patient on 8/27/14. The patient is noted to be feeling much better 6 months status post L4-5 lumbar fusion; she is having difficulty with insomnia and cannot sleep through the night. Radiographs of the lumbar spine were noted to be significant for solid appearing fusion of L4-5 with LDR device. The physical exam shows a normal lumbar spine and musculoskeletal exam. The diagnosis includes degeneration of the lumbar disc, acquired spondylolisthesis, thoracic/lumbosacral neuritis. The plan of care includes physical therapy, Lunesta for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta (Eszopiclone) 1mg PRN #60 for the low back: 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 & Stress Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.Uptodate.com Treatment of Insomnia, Eszopiclone: Drug information

Decision rationale: The MTUS is silent regarding the use of Lunesta for chronic insomnia. The FDA has approved the use of Lunesta for short-term treatment of insomnia (with difficulty of sleep onset). Lunesta is not approved for the long-term treatment of insomnia. When treating insomnia all patients should receive therapy for any medical condition, psychiatric illness, substance abuse or sleep disorder that may be precipitating or exacerbating the insomnia. For patients who continue to have insomnia that is severe enough to require intervention cognitive behavioral therapy (CBT) is the initial therapy that is recommended. If a patient requires a combination of behavioral therapy and medication a short acting medication is recommended for 6-8 weeks and then tapered. If the patient is still having symptoms they may require evaluation in a sleep disorder center prior to the institution of long-term medications. In this case the documentation doesn't support that the patient has been evaluated for any medical or psychiatric conditions that may be contributing to the patient's insomnia. Therefore, the continued use of Lunesta is not medically necessary.