

Case Number:	CM14-0170423		
Date Assigned:	10/20/2014	Date of Injury:	08/10/1993
Decision Date:	11/20/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/15/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient presents with bilateral elbow pain, and bilateral forearm pain. The treater has asked for eszopiclone 3mg qty: 90 for a 90 day supply (times 1 refill). Patient has been taking Lunesta since 6/13/14 report. Regarding Lunesta, ODG recommends for insomnia as the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A clinical trial showed significant improvement in sleep latency, wake after sleep onset, and total sleep time over 6 months of use. In this case, the patient reports Lunesta "seems to work better than Ambien and helps with insomnia related to his chronic pain problems" per 8/27/14 report. The patient has been taking Lunesta for more than 2 months. As Lunesta is indicated for up to 6 months of use, the request is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 3 mg quantity 90 for a 90 day supply (times 1 refill): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with bilateral elbow pain, and bilateral forearm pain. The treater has asked for eszopiclone 3mg qty: 90 for a 90 day supply (times 1 refill). Patient has been taking Lunesta since 6/13/14 report. Regarding Lunesta, ODG recommends for insomnia as the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A clinical trial showed significant improvement in sleep latency, wake after sleep onset, and total sleep time over 6 months of use. In this case, the patient reports Lunesta "seems to work better than Ambien and helps with insomnia related to his chronic pain problems" per 8/27/14 report. The patient has been taking Lunesta for more than 2 months. As Lunesta is indicated for up to 6 months of use, the request is medically necessary.