

Case Number:	CM14-0164363		
Date Assigned:	10/09/2014	Date of Injury:	04/09/2012
Decision Date:	03/04/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

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 is a 61 year old male who suffered an industrial related injury on 4/9/12. The injured worker was doing renovation work when a 100 pound sink fell onto his head. A physician's report dated 6/4/14 noted the injured worker had complaints of right shoulder pain and stiffness, daily headaches, dizziness with changes in position, pain in bilateral temples, depression for 6 months post injury, and irritability with lapses of attention. Difficulty with recall was also noted. Diagnoses included status post right shoulder strain with partial ankylosis, closed head injury with concussion, episodes of dizziness, some cognitive mood impairment, depression, cervical strain with decreased neck mobility to the right, bilateral temporomandibular joint tenderness, and features of labyrinthine concussion. On 9/9/14 the injured worker underwent arthroscopy of the shoulder with extensive debridement of the supraspinatus tendon and extensive debridement of the glenoid labrum. The injured worker also underwent subacromial arthroscopy with synovectomy, bursectomy, conversion of a type II acromion to a type I acromion, and exploration/evaluation of the AC joint. An injection to the shoulder and operative sites with Marcaine and Morphine Sulfate was also noted. The injured worker participated in physical therapy. A physician's report dated 9/2/14 noted the injured worker's sleep, energy, and concentration was decreased. The physician recommended Lunesta 2mg at bedtime as needed for insomnia. On 9/22/14 the utilization review (UR) physician denied the request for Lunesta 2mg #30 and Lunesta 3mg #30. The UR physician noted it is not clear how long the injured worker had been taking Lunesta. The Medical Treatment Utilization Schedule (MTUS) guidelines state that Lunesta is not recommended for long term use. The MTUS guidelines

recommend limiting the use of hypnotics to three weeks maximum in the first two months of injury only. The injured worker has passed the initial two months of injury therefore the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #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 Treatment in Workers' Compensation, Online Edition, Mental Illness and Stress Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Lunesta (Eszopiclone). Official Disability Guidelines (ODG) state that Lunesta (Eszopiclone) is not recommended for long-term use, but recommended for short-term use. ODG guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. Sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are rarely, if ever, recommended by pain specialists for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. Medical records indicate the long-term use of Trazodone for insomnia. Lunesta 2 mg quantity #30 and Lunesta 3 mg quantity #30 were requested. The request for a total of sixty tablets of Lunesta is a 60 day supply. Official Disability Guidelines (ODG) recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. Official Disability Guidelines (ODG) indicates that Lunesta (Eszopiclone) is not recommended for long-term use. The request for Lunesta is not supported by ODG guidelines. Therefore, the request for Lunesta 2 mg #30 is not medically necessary.

Lunesta 3mg #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 Treatment in Workers' Compensation, Online Edition, Mental Illness and Stress Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Lunesta (Eszopiclone). Official Disability Guidelines (ODG) state that Lunesta (Eszopiclone) is not recommended for long-term use, but recommended for short-term use. ODG guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. Sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are rarely, if ever, recommended by pain specialists for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. Medical records indicate the long-term use of Trazodone for insomnia. Lunesta 2 mg quantity #30 and Lunesta 3 mg quantity #30 were requested. The request for a total of sixty tablets of Lunesta is a 60 day supply. Official Disability Guidelines (ODG) recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. Official Disability Guidelines (ODG) indicates that Lunesta (Eszopiclone) is not recommended for long-term use. The request for Lunesta is not supported by ODG guidelines. Therefore, the request for Lunesta 3 mg #30 is not medically necessary.