MAXIMUS Federal Services

Case Number:	CM14-0212204		
Date Assigned:	01/02/2015	Date of Injury:	11/05/2011
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic wrist, hand, and neck pain reportedly associated with cumulative trauma at work between the dates November 5, 2011 through November 5, 2012.In a Utilization Review Report dated November 18, 2014, the claims administrator failed to approve a request for Lunesta. Progress note of October 29, 2014 and an RFA form of November 12, 2014 were referenced in the rationale.The applicant's attorney subsequently appealed.In a November 5, 2014 prescription form, the attending provider dispensed fenoprofen, Flexeril, Lunesta, and tramadol through an order form which employed preprinted checkboxes. Little to no applicant-specific rationale or narrative commentary was attached. There was no discussion of medication efficacy.On October 2, 2014, the applicant reported persistent complaints of neck, shoulder, wrist, and hand pain, 6-7/10. The applicant was status post left carpal tunnel release surgery and had ongoing issues with right carpal tunnel syndrome, cervical radiculopathy, and shoulder rotator cuff pathology. The applicant was placed off of work, on total temporary disability, while medications were refilled under a separate cover. There was no discussion of medication efficacy incorporated into this particular note.On October 29, 2014, the applicant was, once again, placed off of work, on total temporary disability, while unspecified medications were renewed under a separate cover, again without any explicit discussion of medication efficacy.The applicant remained off of work, on total temporary disability, for large portions of the claim, throughout much of 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone tablet 1mg QHS, # 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 (ODG) Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter, Eszopiclone topic.

Decision rationale: The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that Lunesta is recommended for short-term use purposes but is not recommended for chronic, long-term, or scheduled usage. Here, however, the attending provider did not clearly outline whether Lunesta was being employed for long-term use purposes, short-term use purposes, or on an as-needed basis. The attending provider's progress notes, furthermore, contained no references to issues with insomnia which would have compelled provision and/or ongoing usage of Lunesta. Therefore, the request was not medically necessary.