

Case Number:	CM14-0214022		
Date Assigned:	12/31/2014	Date of Injury:	03/22/2011
Decision Date:	02/25/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: New Jersey, New York

Certification(s)/Specialty: Family Practice

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 42 year-old female who was injured on 3/22/11 due to cumulative trauma of the right upper extremity. She complained of right wrist, hand, and shoulder pain. A 2012 MRI of the right wrist showed a septated ganglion cyst, diffuse ligament degeneration, and minimal extensor carpi ulnaris tendinosis. Electrodiagnostic testing showed right C7 radiculopathy. The patient was diagnosed with hypermobility syndrome, de Quervain's tenosynovitis, chronic pain syndrome, pain in the joint upper arm, elbow strain and sprain, pain in the right ganglion, cervical radiculitis, and myofascial pain, and adjustment disorder with mixed anxiety and depression. She complained of pain that made it difficult for her to sleep. Her treatment included TENS unit, home exercises, and psychotherapy. Her medications included Topamax, Diclofenac, and Prilosec. The current request is for Eszopiclone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress (updated 11/21/14)

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

Decision rationale: The request is considered not medically necessary. The request is for a prescription of Lunesta. MTUS does not have guidelines for Lunesta, therefore, ODG was used. According to ODG, Lunesta is only recommended for short-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 a 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." There has not been any documentation of attempted improvement in sleep hygiene. The patient is currently receiving psychotherapy and will address sleep habits. Because the patient suffers from depression and Lunesta may worsen depression in the long-term, it is advisable to not start Lunesta. Because of these reasons, the request is considered not medically necessary.