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| Case Number: | CM14-0214512 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 07/21/1989 |
| Decision Date: | 02/24/2015 | UR Denial Date: | 11/24/2014 |
| 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 67-year-old male with an injury date of 07/21/89. Based on the 05/28/14 progress report provided by treating physician, the patient complains of aching all over the body, rated 04/10, back, neck, left leg, abdominal pain and upper extremity numbness. Per initial comprehensive consultation and report of treatment document dated 05/20/14, the patient also states that getting rest and sleep is a challenge. Physical examination to the lumbar spine on 01/21/15 revealed paravertebral muscle tenderness on palpation. Patient's medications include Baclofen, Tramadol, and Xanax. Per progress report dated 12/16/14, patients treatments include physical therapy and electrical stimulation to the cervical and lumbar spine. Per progress report dated 01/21/15 treater states: the patient has tried Ambien, Sonata, and Lexapro in the past but has not experienced effective non-disruptive sleep. With Lunesta he has experienced restorative sleep and ability to adequately maintain an awake state during daylight hours. The patient has tried other forms of non-pharmacological treatments including meditation. Of note, Lunesta 3mg has been mentioned in the previous request for authorizations (RFAs) dated 06/04/14, 08/08/14, and 09/16/14. Patient is temporarily totally disabled. Urine toxicology review report dated 09/03/14, revealed urine positive for Carisoprodol. Diagnosis 09/23/14-Post lumbar laminect syndrome-Cervical radiculopathy The utilization review determination being challenged is dated 11/24/14. The rationale is lack of documentation that the claimant has tried any non-medication approaches for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental & Stress Chapter, Eszopicolone (Lunesta), Pain (chronic) chapter, Insomnia treatment

Decision rationale: The patient presents with aching all over the body, rated 04/10, back, neck, left leg, abdominal pain and upper extremity numbness. The request is for Lunesta 3mg, #30. Per initial comprehensive consultation and report of treatment document dated 05/20/14, the patient also states that getting rest and sleep is a challenge. Lunesta 3mg has been mentioned in the previous request for authorizations (RFAs) dated 06/04/14, 08/08/14, and 09/16/14. Patient is temporarily totally disabled. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Per progress report dated 01/21/15 treater states the patient has tried Ambien, Sonata, Lexapro in the past but has not experienced effective non-disruptive sleep. With Lunesta he has experienced restorative sleep and ability to adequately maintain an awake state during daylight hours. The patient has tried other forms of non-pharmacological treatments including meditation. Regarding Lunesta, ODG recommends short-term use of up to 3 weeks in the first two months of injury. It is not recommended for long-term use. In this case, it is not known how long the patient has been taking Lunesta and the patient injury occurred in 1989. Furthermore, the request for 3 mg, quantity 30 does not indicate intended short term use and exceeds the guidelines recommended dosage. Therefore, the request is not medically necessary.