MAXIMUS Federal Services

Case Number:	CM15-0003101		
Date Assigned:	01/14/2015	Date of Injury:	03/12/2014
Decision Date:	03/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/07/2015

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 York
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:

The injured worker sustained an industrial injury on March 12, 2014. He has reported neck pain. The diagnoses have included lumbago. Treatment to date has included radiological imaging, medications, electrodiagnostic studies. Currently, the IW complains of low back pain, intermittent bilateral hip pain, and neck pain with radiation to the upper arms and associated with numbness, tingling, tension between the shoulder blades, and headaches. On November 14, 2014, it is noted the injured workers pain level in the neck and low back is unchanged, remaining at 8 out of 10 on a pain scale of 1-10. On December 24, 2014, Utilization Review non-certified Eszopiclone 1 mg, quantity #30, based on MTUS and ODG guidelines. On January 7, 2015, the injured worker submitted an application for IMR for review of Eszopiclone 1 mg, quantity #30.

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 Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain, Insomnia

Decision rationale: Per ODG, Eszopiclone (Lunesta) is a hypnotic effective for the treatment of insomina. The medication can be used for at least 6 months without evidence of tolerance, dependence or abuse. In this case there is a lack of evidence of sleep difficulty/disturbance as well as no documentation of sleep history including hours of sleep, sleep hygiene, nocturnal awakenings and daytime sleepiness. Medical necessity for the requested item has not been established. the requested item is not medically necessary.