

Case Number:	CM15-0014155		
Date Assigned:	02/02/2015	Date of Injury:	04/13/1999
Decision Date:	03/19/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/26/2015

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: Pennsylvania

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 65 year old female, who sustained an industrial injury on April 13, 1999. The mechanism of injury is unknown. The diagnoses have included injury of cauda equina, chronic pain syndrome, psychophysiologic disorder and lumbar post-laminectomy syndrome. Treatment to date has included home exercise program and multiple medications. Currently, the injured worker complains of chronic low back pain and cauda equina syndrome. Her pain was noted to be well controlled when she is able to receive her prescribed medications. On January 13, 2015, Utilization Review non-certified Lunesta 3mg #30 refills x 2, noting the Official Disability Guidelines. On January 14, 2015, the injured worker submitted an application for Independent Medical Review for review of Lunesta 3mg #30 refills x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg qty 30 REF X2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Chapter, Eszopiclone (Lunesta)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Mental Illness and Stress: Eszopicolone (Lunesta)

Decision rationale: Lunesta and other hypnotics are not recommended for long term use but are recommended for short term use. Hypnotics should be limited to three weeks maximum in the first 2 months of injury only, and use should be discouraged in the chronic phase. There is also concern that Lunesta and other hypnotics may increase pain and depression over the long term. The recommended starting dose is 1 mg. Lunesta is not medically necessary in this case given that this worker is in the chronic phase. The request for 30 days with 2 refills is longer than necessary.