

Case Number:	CM15-0110872		
Date Assigned:	06/17/2015	Date of Injury:	02/08/2009
Decision Date:	07/16/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/09/2015

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: California, Indiana, 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 is a 48 year old male, who sustained an industrial injury on 02/08/2009. He has reported subsequent neck and back pain and was diagnosed with cervical sprain, cervical neuritis, thoracic and lumbar sprain and lumbar neuritis. Treatment to date has included medication, physical therapy, chiropractic therapy and surgery. In a progress note dated 04/14/2015, the injured worker complained of continued pain in the neck, mid back, low back and right hand. Objective findings were notable for tenderness over the dorsal volar aspect of the wrist, decreased range of motion of the cervical and lumbar spine secondary to pain, positive cervical tenderness and paraspinous muscle spasm, positive trapezial tenderness and spasm, upper thoracic tenderness and paraspinous muscle spasm and positive lumbar tenderness and muscle spasm. A request for authorization of Lunesta refill was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 1 mg #30 with is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured worker's working diagnoses are right wrist fracture; cervical sprain; thoracic and lumbar sprain; cervical neuritis; lumbar neuritis. There is no documentation in the medical record of sleep disorders or difficulty with sleeping. The date of injury is February 8, 2009. In a progress note dated April 8, 2014 the injured worker was taking Doral 15 mg. This was continued through October 21, 2014. After October 21, 2014, there was a break in the medical record until March 17, 2015. On March 17, 2015, the progress note states the injured worker is taking Lunesta 1 mg. There is no documentation regarding the transition from Doral to Lunesta. There is no clinical rationale for Lunesta. Lunesta is not recommended for long-term use. The request for authorization was dated May 20, 2015. There is no clinical indication/rationale in the medical record for Lunesta. There is no documentation demonstrating objective functional improvement with Lunesta. Consequently, absent clinical documentation with a start date for Lunesta, a clinical indication and rationale for the change from Doral to Lunesta, objective functional improvement with ongoing Lunesta and documentation indicating a sleep disorder with insomnia, Eszopicolone (Lunesta) 1 mg #30 is not medically necessary.