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| Case Number: | CM15-0115091 | | |
| Date Assigned: | 06/23/2015 | Date of Injury: | 05/22/2001 |
| Decision Date: | 07/27/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

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: 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 47 year old male who sustained an industrial injury on 5/22/2001. He reported low back pain. The injured worker was diagnosed as having status post microlumbar discectomy (MLD) of the L4-5 disc, left lumbar radiculopathy, and facet arthropathy of lumbar spine. Treatment to date has included lumbar surgery (7/11/2014), physical therapy, acupuncture, and chiropractic care. The request is for Eszopiclone (Lunesta). On 12/1/2014, he complained of low back and left lower extremity pain. He rated his pain 6/10 and indicated it to be unchanged from his last visit. The records indicated physical therapy and acupuncture to have been beneficial; however chiropractic care had increased his pain. His medications are listed as: Gabapentin, Norco, Zanaflex, and Naproxen. On 12/30/2014, he had continued complained of low back and left lower extremity pain. He rated the pain 5-6/10, and indicated that it remained the same. His medications are listed as: Naproxen, Zanaflex, Gabapentin, Prilosec, and Norco. On 1/27/2015, he reported increased low back and left lower extremity pain, rated 8/10. There were no changes made in his medication regimen. On 2/26/2015, he reported difficulty sleeping secondary to pain. He indicated he did not recall any changes to his lifestyle. His gait is noted to be normal. Physical findings revealed tenderness of the low back and a negative straight leg raise test on the right, positive on the left to the left lateral thigh. His medications were listed as: Naproxen, Zanaflex, Gabapentin, and Norco. On 3/23/2015, he indicated his low back and left lower extremity pain to be 8/10 and that the pain is increased since his last visit. His medications are: Nucynta (trial) as an alternative to Norco, Naproxen, Zanaflex, and Gabapentin, and Prilosec. On 4/20/2015, his low back pain is rated 6-7/10. He reported his primary care

physician gave him a trial of Lunesta, which he indicated to have worked well for his insomnia. The treatment plan included: continuing a home exercise program, discontinuing Nucynta, continuing Norco, Naproxen, Prilosec, Zanaflex, Gabapentin, and initiating trial of Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone tab 2 mg Qty 30 for 30 days supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Eszopiclone (Lunesta); Insomnia treatment; Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, mental illness & stress chapter: Eszopiclone (Lunesta), insomnia treatment.

Decision rationale: The MTUS does not specifically address Eszopiclone (Lunesta). ODG states non-benzodiazepine sedative hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia. This class of medications includes Eszopiclone (Lunesta). The records do indicate that the injured worker complained of sleep difficulties, and had been given Lunesta as a trial through his primary care physician. The records do not indicate what those sleep difficulties were, his pattern of sleep prior to the trial of Lunesta, any sleep hygiene techniques employed, or an objective assessment for insomnia. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. Lunesta is not recommended for long term use, but recommended for short term use. The guidelines 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 lunesta from 2 mg to 1 mg for both men and women. The dose and quantity requested are in excess of the guideline recommendations. For these reasons, the request of Eszopiclone tab 2 mg qty 30 for 30 days supply is not medically necessary.