

Case Number:	CM15-0125467		
Date Assigned:	07/13/2015	Date of Injury:	01/16/2007
Decision Date:	09/10/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/01/2015

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: Pediatrics, 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 43-year-old female, with a reported date of injury of 09/25/2009. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not specified in the medical records. The diagnoses include L5-S1 degenerative disc disease with disc protrusion, status post L5-S1 fusion, right lower extremity radicular symptoms, and opioid dependency. Treatments and evaluation to date have included lumbar fusion on 08/25/2014, physical therapy, oral medications, chiropractic treatment, lumbar facet injections, psychological treatment, and lumbar epidural steroid injection. The diagnostic studies to date have included x-rays of the lumbar spine, which showed implants and bone graft in place; and urine drug screenings. The progress report dated 05/21/2015 indicates that the injured worker has been progressing well in regard to gradual reduction in his medications. The injured worker continued to have nights of insomnia. He remained symptomatic with axial low back pain and muscle spasms and tightness; and nights of insomnia due to the pain. The injured worker admitted to numbness over the right thigh and foot. It was noted that Lunesta is used for nights of insomnia due to pain. The injured worker rated his pain 2-3 out of 10 with medications, and 5 out of 10 without medication. The physical examination showed mild bilateral lumbar paraspinous tenderness, lumbar flexion at 40 degrees, lumbar extension at 15 degrees, negative straight leg raise test bilaterally, and improved hypesthesia in the L5-S1 dermatome. The injured worker reached maximal medical improvement on 01/16/2007. He is currently seen under his future medical care. The treating physician requested Lunesta 3mg #30.

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, Pain Chapter.

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 and Mental/Stress Chapter, Eszopiclone (Lunesta).

Decision rationale: The CA MTUS is silent on Eszopiclone (Lunesta). The non-MTUS Official Disability Guidelines indicate that Eszopiclone (Lunesta) is not recommended for long-term use. It is recommended for short-term use. The guidelines recommend limiting use of hypnotics to a maximum of three weeks in the first two months of injury only, and discourage use in the chronic phase. The injured worker has been taking Lunesta since 02/24/2015. Lunesta has demonstrated reduced sleep latency and sleep maintenance. This medication is the only benzodiazepine-receptor agonist that the FDA approved for use longer than 35 days for insomnia treatment. According to the guidelines, "The FDA has lowered the recommended starting dose of Eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." The injured worker's starting dose of Lunesta was 3mg, which exceeds the guideline recommendation. The medical report dated 05/21/2015 indicated that the treating physician recommended that the injured worker continue Lunesta at a decreased dose of 2mg #30 at bedtime to use as needed for nights of insomnia due to pain; however, the decrease in dosage was not indicated on the application. The request does not meet guideline recommendations. Therefore, the request for Lunesta is not medically necessary.