

Case Number:	CM15-0126758		
Date Assigned:	07/13/2015	Date of Injury:	07/20/2010
Decision Date:	08/07/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/30/2015

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 61-year-old male who sustained an industrial injury on 7/20/10. Diagnoses are sleep disturbance secondary to industrial pain, right upper extremity neuropathic pain, complete rupture of the proximal longhead of biceps, linear interstitial partial tear of supraspinatus tendon, degenerative change of the acromioclavicular joint with inferior spurring, small amount of bursal fluid in the subacromial/subdeltoid region, post-operative changes of the humeral head, status post right shoulder revision surgery-1/24/12, left shoulder pain due to compensation from right shoulder, right supraspinatus tear, type II acromion, and aggravation of right shoulder injury-7/2010. In a progress report dated 4/15/15, a treating physician notes right shoulder ranges of motion were restricted by pain in all directions. Right shoulder forward flexion was 150 degrees, extension was 45 degrees, internal rotation was 45 degrees, external rotation was 70 degrees and abduction was 120 degrees. There is tenderness to palpation of the right anterior deltoid. Right impingement signs, including Neer's and Hawkins' were positive. The Work status is temporary total disability. Current medications are Lunesta 3 mg and Norco 5/325mg. Prior medications are Vicodin, Ibuprofen, Tylenol #3, Ambien, and antihypertensive medication. Lunesta is necessary to treat his disturbed sleep cycles. With the medication, he can sleep 6-7 hours uninterrupted, without it he gets 3-4 hours of uninterrupted sleep per night. He is up to date on his pain contract and the previous urine drug screening was consistent. The treatment requested is Lunesta 3 mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, mental health and stress 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 section, Lunesta.

Decision rationale: Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 3 mg #30 with 1 refill 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 may. See the guidelines for additional details. In this case, the injured worker's working diagnoses are right shoulder high grade partial thickness supraspinatus tendon tear; right shoulder mild glenohumeral joint arthritis; and right side long head biceps tenodesis. The date of injury is July 20, 2010. The request for authorization is June 12, 2015. The medical record contains 36 pages. The earliest progress note in the medical record is dated December 5, 2014. Current medications include Norco 5 mg and Lunesta 3 mg. The documentation indicates the injured worker was taking Ambien in the past. The dates of service are not included in the medical record. The documentation indicates Lunesta 3 mg was requested on April 16, 2014 and denied. Lunesta is not recommended for long-term use. Lunesta is recommended for short-term use. The guidelines recommend limiting Lunesta to three weeks maximum in the first two months of the injury only. The injured worker's date of injury exceeds five years. There are no compelling clinical facts in the medical record indicating continued Lunesta 3 mg is clinically indicated. Lunesta can be habit forming and may impair memory and function more than opiate pain relievers. The start date for Lunesta is not specified. However, the documentation indicates the treating provider, at a minimum, prescribed Lunesta December 5, 2014 (six months prior). Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Eszopicolone (Lunesta) 3 mg #30 with 1 refill is not medically necessary.