

Case Number:	CM15-0128038		
Date Assigned:	07/14/2015	Date of Injury:	07/31/2012
Decision Date:	08/26/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female, who sustained an industrial injury on July 31, 2012. She reported progressive worsening of hand symptoms (numbness and tingling, decreased grip strength and manipulation). Treatment to date has included heat and ice therapy, massage, brace, medication, neurology consult, electro diagnostic studies, genetic testing and urine drug screen. Currently, the injured worker complains of ongoing head, neck and arms (bilaterally) pain. The pain is described as stabbing, burning, aching and radiating. The pain is associated with numbness and tingling, headaches, nausea, swelling and weakness. The pain is constant and is rated 10 on 10. The pain is exacerbated by bright lights, driving, fatigue, lifting, lying down, rising from a seated position, pulling, pushing, reaching, rolling over in bed, stooping, stress, negotiating stairs, twisting and walking. She reports sleep disturbance due to the pain. The injured worker is diagnosed with carpal tunnel syndrome, tenosynovitis of hand and wrist (not otherwise specified) and adjustment disorder with depressed mood. Her work status is medically disabled, permanently. A note dated January 6, 2015 states the injured worker experiences pain relief from heat and ice therapy, massage and using her brace. The note also states the injured worker is experiencing difficulty engaging in activities of daily living and is requiring assistance with cooking and cleaning. In the note of the same date, it states the injured worker is experiencing decreased range of motion in her hands bilaterally. The medication, Eszopiclone 1 mg #30 (date of service May 19, 2015) is being requested to alleviate the sleep disturbance due to her continued pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Eszopiclone 1mg #30 (DOS 5/19/15): 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-Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter states: Eszopiclone (Lunesta).

Decision rationale: The 57-year-old patient complains of pain in neck, back, shoulder, rib cage, bilateral wrists and hands, rated at 10/10, as per progress report dated at 01/06/15. The request is for RETRO ESZOPICLONE 1mg #30 (DOS 5/19/15). There is no RFA for this case, and the patient's date of injury is 07/31/12. Diagnoses, as per progress report dated 01/06/15, included carpal tunnel syndrome, tenosynovitis of hands and wrists, and adjustment disorder with depressed mood. Current medications include Tizanidine, Quazepam, Biofreeze Roll-on, Lyrica, Hydro-chlorothiazide, and Aspirin. The patient is medically disabled, as per the same progress report. ODG-TWC, Mental & Stress Chapter states: "Eszopiclone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. 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 eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." In this case, none of the progress reports discuss Eszopiclone. The patient suffers from sleep disturbances secondary to chronic pain and has been taking Quazepam at least since 11/24/14. In progress report dated 01/06/15, the treating physician states that "I have taken the opportunity to do genetic testing to determine the most appropriate medication for her sleep in relationship to this chronic disabling musculoskeletal condition which has altered her sleep patterns." It is, however, not clear if the switch to Eszopiclone is related to this testing. Additionally, ODG limits the use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. Hence, the request is not medically necessary.