

Case Number:	CM15-0179402		
Date Assigned:	09/21/2015	Date of Injury:	10/02/2008
Decision Date:	10/26/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/11/2015

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: Emergency 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 55 year old female who sustained an injury on 10-02-08 resulting when she slipped on water and fell backwards on cement on her right side. Diagnoses include low back pain; chronic pain syndrome; insomnia; reactive insomnia; right rotator cuff syndrome status post arthroscopy x2; myofascial pain syndrome. The medical records indicate on 4-2-15 she was taking Pamelor, which causes her the inability to fall asleep and continues to have multiple awakening at night and the plan was to take it in the morning vs the afternoon. She was to continue with the transcutaneous electrical nerve stimulation unit (TENS). She also was taking Tramadol twice a day and reports her vision seemed blurry. She was not working. On 5-15-15, the musculoskeletal exam was unchanged with pain level rated as 7; palpable tenderness bilateral levator scapular muscle and bilateral iliosacral joint with tenderness and muscle spasm. Medications to be refilled include Tramadol 50 mg and Pamelor 25 mg. The records indicate continuing home exercise program, TENS and acupuncture. She was advised to cut half for Tramadol 50 mg everyday due to drowsiness. The qualified medication evaluation (5-20-15) indicates she has right shoulder pain rated at 7 out of 10; left hand pain 6 out of 10 and right hand pain rated at 8 out of 10. On 7-17-14, she underwent right shoulder glenohumeral and subacromial arthroscopy followed by physical therapy, electrical stimulation, manual therapy and vaso pneumatic devices. She continued to have neck and right shoulder pain radiating to right hand and all fingers and on 12-23-14 a trial of Pamelor was initiated and the transcutaneous electrical nerve stimulation was continued (TENS); physical therapy was provided for her low back. Medications listed at this exam were Advil, Tylenol and Tramadol. On 7-1-15 the progress report states that her pain is unchanged and she has tried acupuncture

without lasting benefit; taking Tramadol 50 mg ½ tablets daily without significant benefit and that she sleeps 3 hours with 4 awakenings. A trial of Lunesta 1 mg nightly to help with staying asleep was the treatment plan. Current requested treatments Lunesta 1mg #30. Utilization review 9-4-15 requested treatment non-certified.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Insomnia treatment, Updated 07/17/15.

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

Decision rationale: There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Lunesta/eszopiclone is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. There are no documented conservative measures attempted and the number of tablets requested is not consistent with short-term intermittent use. Lunesta is not medically necessary.