

Case Number:	CM15-0028324		
Date Assigned:	02/20/2015	Date of Injury:	11/26/2004
Decision Date:	04/03/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/17/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 was a 40 year old female, who sustained an industrial injury, November 26, 2004. According to progress note of December 1, 2014, the injured workers chief complaint was neck and low back pain. The injured worker rated the pain at 2 out of 10 with medication and 8 out of 10 without pain medication; 0 being no pain and 10 being the worse pain. The neck pain radiates down the bilateral upper arms. The low back pain radiates down bilateral lower extremities. The pain was improved by sitting, taking medication, ice packs and cooling packs. The injured worker was diagnosed with cervical radiculopathy, thoracic strain/sprain, chronic pain, lumbar radiculopathy, insomnia, and fibromyalgia and planter fasciitis. The injured worker previously received the following treatments with pain medication, ice packs and cooling packs, MRI of the lumbar spine and MRI of the cervical spine. December 29, 2014, the primary treating physician requested authorization for Eszopiclone. On February 11, 2015, the Utilization Review denied authorization for Eszopiclone. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone (Lunesta) 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lunesta, Sleep-aids.

Decision rationale: MTUS treatment guidelines are silent about Lunesta. Other guidelines were used in this review. ODG guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Lunesta. Guidelines state the following: recommends Lunesta for short term use, not long term, 3 weeks in the 1st 2 months of injury. There is concern for habit forming, impaired function and memory, as well as increased pain and depression over long term. The clinical documents state that the patient was taking this medication for greater than 3 in the 1st 2 months of injury. According to the clinical documentation provided and current guidelines; Lunesta is not indicated as a medical necessity to the patient at this time.