

Case Number:	CM15-0042247		
Date Assigned:	03/12/2015	Date of Injury:	06/01/2011
Decision Date:	04/22/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/05/2015

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 39 year old male, who sustained an industrial injury on 6/01/2011. He reported an automobile accident. The injured worker was diagnosed as having pain in joint, shoulder region, and low back pain. Treatment to date has included surgical intervention (2/29/2012 left shoulder arthroscopy and subacromial decompression) and conservative measures. X-ray of the lumbar spine, dated 5/113/2014, revealed a 2mm anterior listhesis of L4 on L5 during flexion. Currently, the injured worker complains of left shoulder pain and low backache. Pain was rated 6/10 with medications and 10/10 without. He reported that Trazadone was ineffective for sleep, noting the inability to get more than 1 to 2 hours of sleep at night. Current medications included Oxycodone, Senokot, Trazadone, MS Contin, Voltaren gel, Amitiza, Diclofenac, and Colace. Physical exam noted body mass index 49.17%. Physical exam noted a fatigued appearance and a slowed antalgic gait, assisted by a cane. Exam of the cervical spine noted 0/4 biceps, triceps, and brachioradialis reflexes bilaterally. Exam of the lumbar spine noted restricted range of motion and bilateral tenderness and spasm with palpation. His right shoulder exam noted restricted range of motion. His left shoulder exam noted restricted range of motion, positive Speed's test, tenderness, and crepitus. Motor exam was 5/5, except shoulder abduction was 4/5 on the left. Light touch sensation was decreased over the left thumb, index, and middle fingers. The treatment plan included a trial with Lunesta at 3mg (1/2 to 1 tab) at night as needed for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain-Insomnia Treatments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, under insomnia treatments.

Decision rationale: This patient has a date of injury of 06/01/11 and presents with chronic left shoulder and low back pain. The Request for Authorization is dated 02/17/15. The current request is for LUNESTA 3MG QUANTITY 30. ODG Guidelines pain chapter, under insomnia treatments section states, "Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA approved for used longer than 35 days. A randomized, double-blind controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the controlled group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period." The Utilization review dated 02/26/15 modified the certification stating that Lunesta is intended for short term. This patient suffers from depression and sleep disturbances secondary to chronic pain. The progress report dated 12/19/14 notes that quality of sleep is poor despite utilizing Trazodone. On 02/05/15, the treating physician stated Trazodone has "limited efficacy" and a trial of Lunesta 3mg was given. With documentation of efficacy, Lunesta is approved to be used for longer than 35 days. A trial of Lunesta #30 is in accordance with MTUS guidelines. This request is medically necessary.