

Case Number:	CM15-0073153		
Date Assigned:	04/23/2015	Date of Injury:	09/05/2007
Decision Date:	05/20/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/16/2015

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: Ohio, North Carolina, Virginia
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 is a 42 year old female, who sustained an industrial injury on September 5, 2007. She reported neck pain radiating down bilateral upper extremities, bilateral shoulder pain and anxiety and depression. The injured worker was diagnosed as having left shoulder pain, insomnia, medication induced dyspepsia, complex regional pain syndrome of the left upper extremity, chronic pain and status post left shoulder surgery with residuals. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the shoulder, conservative therapies, medications and work restrictions. Currently, the injured worker complains of neck pain radiating down bilateral upper extremities, bilateral shoulder pain and anxiety, insomnia and depression. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 7, 2015, revealed continued pain with associated symptoms as noted. A sleep aide was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 MG Every Hour #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Mental Illness and Stress chapter. Eszopicolone (Lunesta).

Decision rationale: Lunesta is not recommended for long-term use, but recommended for short-term use for insomnia. The guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this instance, the injured worker was previously prescribed Lunesta for insomnia, but it was discontinued because of weight gain. Doxepin was substituted and documented to be effective for the injured worker's insomnia between 10-1-2014 and 3-18-2015. Yet, on 3-18-2015, it appears that Lunesta was restarted and added to the Doxepin. However, the treatment note from 3-18-2015 does not provide rationale for the addition of Lunesta to the doxepin. Additionally, the injured worker is in the chronic phase of her injury. Therefore, per the referenced guidelines, Lunesta 3 mg @HS, #30 is not medically necessary and appropriate.