

Case Number:	CM15-0078799		
Date Assigned:	04/30/2015	Date of Injury:	06/17/2009
Decision Date:	05/29/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/24/2015

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: Arizona, California

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 39 year old male, who sustained an industrial injury on 6/17/2009. He reported a lifting injury. The injured worker was diagnosed as having status post lumbar fusion, lumbar radiculopathy, lumbago, chronic pain syndrome and insomnia. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, injections, medical marijuana and medication management. In a progress note dated 3/24/2015, the injured worker reports improved sleep with medication and low back pain with radiculopathy to the bilateral lower extremities. The treating physician is requesting Eszopiclone (Lunesta).

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone (Lunesta) 3 mg #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 chapter, Eszopiclone (Lunesta), mental illness and stress chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -pain chapter- insomnia medications and 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Although the use of Lunesta can be longer (up to 30 days), the claimant had been on the medication for several months. Sleep was good while on medication, but long-term use is not recommended. In addition, there was no mention of adjunctive cognitive therapy or behavioral modifications. Continued use of Lunesta is not medically necessary.