

Case Number:	CM15-0097696		
Date Assigned:	05/28/2015	Date of Injury:	09/02/2009
Decision Date:	07/02/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/20/2015

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: New York, Tennessee 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 42-year-old female, with a reported date of injury of 09/02/2009. The diagnoses include sleeping difficulty, cervical strain/sprain with herniated disc and cervical radiculopathy, and cervical herniated nucleus pulposus. Treatments to date have included oral medications, cervical epidural injection, and electro diagnostic studies of the bilateral upper extremities. The progress report dated 04/16/2015 indicates that the injured worker continued to have significant neck pain with radiation down into the upper extremity. Her pain was rated 9 out of 10 without medication, and 4 out of 10 with medication. The physical examination showed tenderness in the cervical paraspinal musculature with taut muscle bands, and significant discomfort with radiation down the upper arm, predominantly on the right along the C5-6 dermatomal pattern with cervical compression and Spurling's. The progress report dated 03/19/2015 indicates that the injured worker continued to have significant difficulty sleeping. She stated that the pain kept her up at night tossing and turning, and was having anxiety over the inability to sleep. She was quite tired and did have some daytime somnolence due to lack of sleep. The injured worker had previously been counseled her on sleep hygiene as well as over-the-counter medications including Benadryl. It was noted that this medication helped but she could only sleep two to three hours per night before waking up. Lunesta was trialed at the last visit and it caused her to return to normal sleeping pattern, seven to eight hours per night. The injured worker would use the medication two days in a row and not for several days to try to re-establish her sleep pattern. She was getting twenty tablets per month. The treating physician requested Lunesta 2mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Insomnia Treatment, Lunesta.

Decision rationale: Insomnia treatment should be based on etiology. 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. Lunesta is the non-benzodiazepine sedative hypnotic medication, Eszopicolone, recommended as first line medication for insomnia. It is a benzodiazepine-receptor agonist, which works by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Maximum recommended use is 3 weeks. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. Side effects are dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. Dosing is 1-2 mg for difficulty falling asleep and 2-3 mg for sleep maintenance. The drug has a rapid onset of action. In this case, the patient had been using the Lunesta since February 2015. The duration of use surpasses the recommended maximum duration of 3 weeks. The medication is not effective and this request is not medically necessary.