

Case Number:	CM15-0099440		
Date Assigned:	06/01/2015	Date of Injury:	04/04/2011
Decision Date:	07/07/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/22/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 male, who sustained an industrial injury on 4/4/11. The diagnoses have included degeneration of intervertebral disc, degeneration of cervical intervertebral disc, degeneration of lumbar intervertebral disc, drug induced retinopathy, chronic pain syndrome with sleep and mood disorder, and depressive disorder. Treatment to date has included medications, rest, physical therapy, psychiatric, acupuncture, diagnostics and epidural steroid injection (ESI). Currently, as per the physician progress note dated 4/14/15, the injured worker complains of chronic bilateral neck pain with radiation of pain to the bilateral upper extremities and shoulders. He reports having knots and spasms in the neck and back and described the pain as tight, throbbing, shooting and sharp. The pain is rated 6/10 on pain scale and constant. The associated symptoms are upper extremity weakness, intermittent numbness and tingling in the bilateral upper extremities, stiffness and spasm of the neck and back, interference with sleep, feeling depressed, prolonged sitting causes numbness in the legs and he ambulates without a device. The physical exam reveals pain behaviors within expected context of disease otherwise exam is unremarkable. It is noted that the injured worker is using Lunesta for sleep. He states that he wakes easily and finds it difficult to go back to sleep. The current medications included Biofreeze topical gel, Gabapentin, Lidoderm patch, Lunesta, Omeprazole, Polar freeze topical gel, Viread and Zenpep. There was no diagnostic reports or previous therapy sessions noted in the records. The physician requested treatment included Lunesta 2mg 1 tab every day at bedtime #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg 1 tab every day at bedtime #30 with 1 refill: 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 Official Disability Guidelines (ODG) Stress and Mental Illness Insomnia treatment; Eszopiclone/Lunesta.

Decision rationale: ODG states "Lunesta" not recommended for long-term use, but recommended for short-term use. 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 study, eszopiclone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to zolpidem at 4.82 (4.06 to 5.74). In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. (Kripke, 2012) The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired." Per guidelines quoted above, Lunesta is not indicated for long term use. The request for a 2 month supply i.e. Lunesta 2mg 1 tab every day at bedtime #30 with 1 refill is excessive and not medically necessary.