

Case Number:	CM14-0102674		
Date Assigned:	07/30/2014	Date of Injury:	01/09/1998
Decision Date:	09/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old female who reported injury on 01/09/1998. The submitted review did not include mechanism of injury. The injured worker has diagnoses of lumbago, cervical degenerative disc disease, lumbar degenerative disc disease, cervical facet arthropathy, lumbar facet arthropathy, and RSD of the upper limbs. Past medical treatment consists of spinal stimulator, the use of a TENS unit, lumbar sympathetic blocks, acupuncture, physical therapy, stellate ganglion block under fluoroscopy, psychological counseling, occupational therapy, and medication therapy. Medications include Flexeril, Cymbalta, Carisoprodol, Lunesta, Xanax, Flexor transdermal patch, Dilaudid, Norco, and Duragesic. There were no urinalyses or drug screens submitted for review. On 07/21/2014, the injured worker complained that she was unable to work due to her serious severe pain. Physical examination revealed that the injured worker had a pain rate of 8/10. It was noted that the spinal cord stimulator was in its normal site with no signs of infection. The submitted report lacked any pertinent indication of range of motion, muscle strength, and sensory deficits. The treatment plan is for the injured worker to continue the use of Lunesta 2 mg. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's the Pharmacological Basis of Therapeutics 12th Ed McGraw hill 2008, Physician's Desk Reference, 68th ed., www.RxList.com, Official Disability Guidelines Workers Comp Drug Formulary, www.odgtwc.com/odgtwc/formulary.htm, drugs.com, www.online.epocrates.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Eszopiclone (Lunesta).

Decision rationale: The request for Lunesta 2 mg is not medically necessary. According to the Official Disability Guidelines, Lunesta is not recommended for long-term use, limiting use of hypnotics to 3 weeks maximum in the first 2 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. The FDA has also lowered the recommended starting dose of 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. Given the above, the injured worker is not within the Official Disability Guidelines recommended guidelines. The submitted report dated 06/16/2014 showed that the injured worker had been taking Lunesta since at least this time. Additionally, the request is for 2 mg, and Official Disability Guidelines recommend 1 mg for both men and women. Furthermore, the request as submitted did not specify a duration or frequency of the medication. As such, the request for Lunesta 2 mg is not medically necessary.