

<b>Case Number:</b>	CM13-0060443		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/06/2010
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Management and is licensed to practice in California. 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:

This is a patient with the date of injury of January 6, 2010. A progress report dated October 23, 2013 identifies subjective complaints indicating that the patient is to undergo shoulder surgery on November 22. The note also indicates that the patient is having acid reflux since his Prilosec and Lunesta were denied over the last several weeks. The pain is rated as 7-8/10 currently, and is rated as 9-10/10 without medication. Objective examination findings identify vital sign measurements. Diagnoses include cervical radiculopathy, neck pain, left shoulder sprain/strain, left shoulder pain, cephalgia, chronic pain syndrome, tension headaches, myofascial syndrome, chronic pain related insomnia, and neuropathic pain. The note indicates that the patient "needs in his Lunesta and Prilosec authorized as he is having symptoms from the lack of these medications as stated above." The note recommends Lunesta 3 mg 2 PO Q HS #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUNESTA 3 MG #60 MEDICALLY DENIED BY THE PHYSICIAN ADVISOR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Health and Stress Insomnia treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment

**Decision rationale:** Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Lunesta treatment. Additionally, there is no indication that Lunesta is being used for short term use as recommended by guidelines. Finally, the maximum recommended dose of Lunesta is 3mg, and there is no explanation as to why this patient would need double the maximum recommended dose. In the absence of such documentation, the currently requested Lunesta is not medically necessary.