

<b>Case Number:</b>	CM14-0013163		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	12/09/2009
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational Medicine 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 35-year-old female with a 12/9/09 date of injury. She was working in a laboratory during which she did a lot of repetitive pipetting when she began to notice pain in the right wrist and thumb. In a 2/13/14 progress note, the patient complained of right upper extremity pain. She is not able to pursue surgery at this time as she continues with chelation therapy for toxic chemical exposure. The patient is having difficulty sleeping due to her pain. Objective findings: patient is well-developed, well-nourished, and in no cardiorespiratory distress, alert and oriented, and wears a right wrist brace. Diagnostic impression: Pain in joint forearm, lesion radial nerve, aphasia. Treatment to date: medication management, activity modification, physical therapy, acupuncture. A Utilization Review (UR) decision dated 1/29/14 denied the request for Lunesta. The rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUNESTA 2 MG #30 X3:** 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) Pain Chapter-Lunesta.

**Decision rationale:** CA MTUS does not address this issue. ODG states Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia; it is a schedule IV controlled substance that has potential for abuse and dependency; side effects: dry mouth, unpleasant taste, drowsiness, dizziness; sleep-related activities such as driving, eating, cooking and phone calling have occurred; and withdrawal may occur with abrupt discontinuation. In the progress notes dated 1/21/14 and 2/13/14, Ambien is listed under her current medication list. However, the physician states that he is prescribing Lunesta as a trial in both notes due to the patient having difficulty sleeping without taking her tramadol for pain. It is unclear whether the patient is still taking the Ambien or whether the physician is discontinuing Ambien to add Lunesta. In addition, there is no discussion provided of other alternatives, such as proper sleep hygiene, for the patient's sleep disorder. Furthermore, guidelines only support the short-term use of sedative hypnotics and this request is for a 3-month supply. Therefore, the request for Lunesta 2 mg #30 x3 was not medically necessary.