

<b>Case Number:</b>	CM14-0015615		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/28/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 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 58-year-old male with a 2/28/10 date of injury. The mechanism of injury was not noted. In a 9/10/13 progress note, he complained of headache, neck pain, and bilateral shoulder pain. There was aching in both shoulders with burning in the right shoulder. There is numbness in both hands. Objective findings: Palpation of the neck and area of the creases was painful, left shoulder range of motion (ROM) mildly restricted both in abduction and forward flexion as well as internal and external rotation, mild tenderness in the anterior aspect of the acromion with a somewhat positive impingement sign, mild bicipital tendinitis. Diagnostic Impression: Paralabral cyst and labral tears of right shoulder, herniated disc with cervical radiculopathy, degenerative disc of cervical spine, impingement syndrome, rotator cuff tear. Treatment to date: medication management, activity modification, physical therapy, chiropractic care, home exercise program, shoulder injections. A UR decision dated 2/4/14 denied the request for Lunesta. There is no current documentation of current sleep disturbance. The medical necessity for the continued use of this medication has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUNESTA 2 MG TABLETS QUANTITY; 90.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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:** 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. There is no documentation in the reports reviewed that the patient is suffering from a sleep disorder or insomnia. In addition, if the patient does have a sleep disorder, there is no discussion provided of other alternatives, such as proper sleep hygiene. In addition, guidelines only support the short-term use of sedative hypnotics and this request is for a 3 month supply. Therefore, the request is not medically necessary.