

<b>Case Number:</b>	CM14-0156731		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	08/09/2007
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker fell on August 9, 2007 sustaining injuries to her neck, low back and left side including arm, hand, hip, leg, and foot. Diagnoses include chronic low back pain due to degenerative lumbar spondylosis and myofascial pain syndrome; pain disorder with psychological/general medical condition, insomnia due to chronic pain; chronic neck pain due to degenerative cervical spondylosis; chronic left hip pain due to osteoarthritis. Her medications include Tylenol with codeine. Other medications including gabapentin, Percocet, Voltaren gel, Lidoderm, Topamax, Norco and Celebrex were not effective.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg, #30, 1 Tab Every Night prn for Insomnia, Refills: 2:** 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 ODG) Section: Mental Illness and Stress, Topic: Eszopicolone (Lunesta)

**Decision rationale:** Lunesta and other hypnotics are not recommended for long term use but are recommended for short term use. Hypnotics should be limited to three weeks maximum in the

first 2 months of injury only, and use should be discouraged in the chronic phase. There is also concern that Lunesta and other hypnotics may increase pain and depression over the long term. The recommended starting dose is 1 mg. Lunesta is not medically necessary in this case given that this worker is in the chronic phase. The request for 30 days with 2 refills is longer than necessary. Furthermore the requested dose of 3 mg is higher than the recommended starting dose of 1 mg.