

<b>Case Number:</b>	CM14-0159042		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	06/03/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Internal 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:

The patient is a 46 year old female who was injured on 06/03/2012. The mechanism of injury is unknown. Prior medication history included Lorazepam, atenolol and Alprazolam. Prior treatment history has included chiropractic, and physical therapy. Office note dated 08/11/2014 documented the patient to have complaints of pain in the low back, cervical spine and shoulders, knees as well as headaches. She reported a history of gastropathy. On exam, she has decreased range of motion with tenderness over the distal one-third of the cervical spine. The thoracic spine revealed decreased range of motion as well with tenderness over the mid thoracic spine and paraspinous muscles at T5-T6 and T6-T7. The lumbar spine revealed decreased range of motion with tenderness over the paraspinous muscles at L4-L5 and L5-S1 bilaterally. The patient has a diagnosis of cervical disc syndrome, lumbar spine disc syndrome, thoracic spine strain/sprain; bilateral shoulder tendinitis and bilateral knee internal derangement/sprain/strain. There was no documentation of any sleep problems or diagnosis of a sleep condition. Prior utilization review dated 09/10/2014 states the request for Retrospective request for Senna 8.6 mg # 30, DOS 8/1/14; Retrospective request for Eszopiclone (Lunesta) 2 mg # 30 DOS 8/1/14 is denied as there is a lack of documented evidence available to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna 8.6 mg # 30, dispensed on 8/1/14: 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:** Decision based on MTUS Chronic Pain Treatment Guidelines prophylactic treatment of constipation Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
<http://www.drugs.com/monograph/senna.html>

**Decision rationale:** According to MTUS, prophylactic treatment of constipation should be initiated, but there are no active complaints of constipation and laxatives documented; therefore the retrospective request for Senna 8.6 mg # 30, dispensed on 8/1/14 is not medically necessary and appropriate.

**Eszopiclone (Lunesta) 2 mg # 30 dispensed on 8/1/14: 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) Illness & Stress Chapter, Eszopiclone (Lunesta)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Eszopiclone Lunesta Other Medical Treatment Guideline or Medical Evidence:  
<http://www.drugs.com/monograph/lunesta.html>

**Decision rationale:** MTUS is silent regarding this request. According to ODG guideline: Eszopiclone (Lunesta) not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two 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. In this study, Eszopiclone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to Zolpidem at 4.82 (4.06 to 5.74). In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. (Kripke, 2012) The FDA has lowered the recommended starting dose of Eszopiclone (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. Despite these long-lasting effects, patients were often unaware they were impaired. (FDA, 2014) Office note dated 08/11/2014 documented the patient to have complaints of pain in the low back, cervical spine and shoulders, knees as well as headaches. She reported a history of gastropathy. There was no documentation of any sleep problems or diagnosis of a sleep condition for that reason the retrospective request for Eszopiclone (Lunesta) 2 mg # 30 dispensed on 8/1/14 is not medically necessary and appropriate.

