

<b>Case Number:</b>	CM14-0184672		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	02/12/2005
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 and is licensed to practice in New Jersey. 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 worker is a 68 year old female who was injured on 2/12/2005. She was diagnosed with cervical disc disease, left shoulder impingement, lumbar disc disease, lumbar spinal stenosis, and left knee arthritis. She was treated with surgery (left knee, left shoulder), various medications (including sedative hypnotics for insomnia related to her chronic pain), and physical therapy (including home exercises). On 10/2/14, the worker was seen by her pain specialist reporting continual bilateral knee pain, for which she was recommended knee replacement after she loses weight, which she was having difficulty achieving. She also complained of low back pain with radiation to legs and numbness and tingling to left leg. She also complained of headaches and neck pain with radiation to her arms with numbness and tingling into both arms as well. She rated her overall pain levels at 8-9/10 on the pain scale. She also reported that she was unable to sleep without her Lunesta. She reported that when she used her pain medications, the pain level reduced to 4/10 on the pain scale and she was able to sleep. She was then recommended to continue her previously prescribed medications, including tramadol, Lunesta and Zantac, see her orthopedic surgeon for consideration of knee surgery, and continue physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 1 mg 1 by mouth #30:** 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), Pain 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 section, sedative hypnotics, and Pain Section, Insomnia Treatment

**Decision rationale:** The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, she had used Lunesta for longer than the recommended duration and continuation of this medication, although reportedly helping her sleep better, is not appropriate or medically necessary. Her goals to lose weight should be focused on dietary adjustments and not exercise. Losing weight will allow her to have the knee surgery, which will reduce her pain, and consequently allow her to sleep better with less medication.