

<b>Case Number:</b>	CM14-0027183		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	12/28/2005
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 44 year old male injured on 12/28/05 when he was involved in a motor vehicle collision. Current diagnoses include status post concussion with post-concussive syndrome, cognitive deficits including processing, short term memory, visual facial deficits and executive functioning, chronic headaches, chronic cervicgia, cervical strain, sleep disturbance, depression, transient mild hypertension resolved with antidepressants, possible left thoracic outlet syndrome, and left lumbar strain. The clinical note dated 12/19/13 indicated the injured worker presented for ongoing pain management and medication evaluation. The injured worker reports cognitive deficits associated with prior head injury, chronic pain to the left side of the neck with intermittent headaches, occasional incidents of radiating numbness and tingling into the left upper extremity into the hand, and intermittent left sided low back pain. Current medications include Vicodin 5/500 three times twice daily, Lunesta 3mg at night, Cymbalta 60mg daily, Zantac 150mg, and Norflex 100mg three times daily. The initial request for Lunesta 3mg #30 was initially non-certified on 02/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUNESTA 3 MG #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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Eszopicolone (Lunesta).

**Decision rationale:** As noted in the Official Disability Guidelines, Lunesta is not recommended for long-term use, but recommended for short-term use. Current studies recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The injured worker has exceeded the recommended treatment window. As such, the request for Lunesta 3mg #30 cannot be recommended as medically necessary.