

<b>Case Number:</b>	CM14-0031158		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/24/2000
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 59-year-old male who reported an injury on 05/24/2000. The mechanism of injury was not submitted in the report. The injured worker has diagnoses of lumbar radiculopathy, other pain disorder related to psychological factors, Complex Regional Pain Syndrome (CRPS) type 2, lower extremities, and pain in the lumbar spine. The injured worker's past medical treatment includes physical therapy, biofeedback/ cognitive-behavioral therapy (CBT), and medication therapy. The injured worker underwent an anterior fusion at the end of 08/2013. He required another surgery because the fusion did not heal properly, but he had decided not to proceed with the surgery. The injured worker complained of back pain. There was no measurable pain level documented in this progress report. Physical examination dated 01/24/2014 revealed that the injured worker's facets continued to be tender in the lower lumbar, right side tenderer than the left. The lumbar range of motion was still quite limited in all planes. There were multiple trigger points palpated in the lumbar paraspinal musculature bilaterally. There was right SI joint tenderness. The progress note lacked any evidence of range of motion or muscle strength. The injured worker's medications include Amitriptyline 2 tablets nightly, Colace 100 mg capsules two capsules twice a day, Miralax 17 gm once per day, Effexor XR 75 mg three capsules daily, Lyrica 100 mg one capsule 3 times a day, Prilosec 20 mg one capsule once a day, Skelaxin 800 mg one tablet 4 times a day, Clonidine 0.1 mg as needed, Lunesta 3 mg tablet one tablet at bedtime, MS Contin 30 mg tablet one tablet twice a day, and Norco 10/325 mg every 4 hours. The injured worker's med totaled 100. The treatment plan is to continue refilling medications as the provider does not see any evidence of abuse, diversion, hoarding, or impairment. The provider also states that the injured worker will need further physical therapy sessions biweekly for 8 weeks. He is to continue with biofeedback/CBT and continue with the Lunesta 3 mg. The rationale is medications seem to continue to help the injured worker and take

the edge off the pain by over 50%. The Request for Authorization form was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lunesta 3mg #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- weaning opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Treatment for Insomnia (Lunesta).

**Decision rationale:** The request Lunesta 3mg #30 is not medically necessary. The injured worker complained of back pain. There was no measurable pain level documented in this progress report. The ODG guidelines state that Lunesta is not recommended for long-term use, but recommended for short-term use. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & Melatonin receptor agonists; & (4) Over-the-counter medications. The majority of studies have only evaluated short-term treatment (i.e., up to 4 weeks) of insomnia; therefore more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. There is questionable efficacy as the injured worker still has significant problems with sleep with the medication. The submitted report dated 01/27/2014 showed that the injured worker had been taking Lunesta for an ongoing time of about 7 months. The injured worker stated that he was experiencing insomnia and waking multiple times per night. The request as submitted failed to provide the frequency of the medication. As Lunesta does not appear to be effective in managing the injured worker's insomnia, the request for Lunesta 3 mg #30 is medically necessary and appropriate.