

<b>Case Number:</b>	CM14-0031288		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	01/31/2008
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

According to the report, the patient presents with right shoulder pain. His pain has increased since his last visit. The patient states that he is currently taking his medications as prescribed and that they are working well. He reports no side effects from medication use. With Nucynta, pain score reduces from 8-10/10 to a 6/10. He states that he did not receive Lunesta last month. The physical examination shows loss of normal lordosis with straightening of the lumbar spine. Range of motion is restricted due to pain in the lumbar spine. There is paravertebral muscle tenderness and tight muscle band noted on both sides of the lumbar spine. Straight leg raise is positive on the right side. Inspection of the shoulder joint reveals no swelling, deformity, joint asymmetry, or atrophy. Movements are restricted in the left shoulder due to pain. The utilization review denied the request on 01/21/2014. The treating physician is requesting Lunesta to completely wean the patient off this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUNESTA 3 MG #10 TO WEAN OFF COMPLETELY; UNITS REQUEST 2:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment For Workers' Compensation, Online Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia.

**Decision rationale:** The patient presents with chronic back and shoulder pain. The treating physician is requesting Lunesta. The MTUS and ACOEM Guidelines are silent with regards to this request. However, the ODG Guidelines on Eszopicolone (Lunesta<sup>®</sup>) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. It is unclear from the 19 pages of records provided, when the patient started taking Lunesta. The treating physician notes medication efficacy stating, this allows him to function well maintaining adequate sleep at night. When he takes the Lunesta, he gets a solid 4 to 5 hours of sleep at night. Without it he wakes up every hour and cannot get a good night's rest. In this case, the patient reports improved sleep quality with Lunesta. Furthermore, the treating physician is prescribing Lunesta to slowly wean the patient off this medication. Recommendation is for authorization.