

<b>Case Number:</b>	CM14-0042492		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/29/2004
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 General Preventive Medicine, and is licensed to practice in Indiana. 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:

This is a 43 year-old employee who was injured 10 years ago, and has been diagnosed with lumbar disc disease with radiculopathy and lower extremity neuropathies. The employee has been seeking medical care for ongoing low back and buttock pain. About 9 months ago, he had spinal trigger point injections. However, his pain is primarily being treated with medications (Voltaren gel, Skelaxin, and Percocet). The medical documentation does not mention any insomnia or other sleep difficulties, but he is currently taking Lunesta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 800mg qd:** 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), Lunesta.

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

**Decision rationale:** The employee is currently taking Lunesta 3mg nightly. There is no mention in the medical documentation of the indication for taking Lunesta or the functional benefit to the employee since taking it. There is no section of the MTUS which was applicable and relevant to

this issue. All major medical resources, including the one cited above say that 3mg nightly is the maximum dosage of Lunesta. Therefore, Lunesta 800mg qd is not medically necessary.