

<b>Case Number:</b>	CM14-0047272		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 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:

This is a case of a 31-year old male who has filed a claim for neck pain, pain in thoracic spine, disorders sacrum, and sciatica and tension headache associated with an industrial injury date of 04/11/2013. Medical records from 2013 to 2014 were reviewed. Latest progress reports states that he still complains of very intense and sharp pain in the lower back, hips, lower extremities, groin and into the feet. He notes numbness and tingling in the toes. He states that he continues to have neck pain with headaches and notes tingling in the bilateral upper extremities and hands. He states that twisting and turning will increase all of his pain. He states that using the stairs exacerbates his pain. The patient has a flat affect and appears to be depressed. He uses crutches and in office uses a wheelchair. He is alert and orient to 3 spheres. No other physical examination findings were documented in the latest progress reports. Treatment to date has included medications, physical therapy, TENS, activity modification, and acupuncture treatments. Medications taken have included Cymbalta, Naprosyn, Tizanidine, Norco, Atarax, Valium, Lidoderm patch, and Butrans patch, Prozac, Venlafaxine and Lunesta. He states that use of Lunesta would allow him to sleep for about 8 hours nightly, and 3-4 hours only if without. This medication was initially prescribed during his 03/04/14 visit. Utilization review dated 03/13/14 denied the request for Lunesta 2 mg because of lack of documentation of sleep history and habit. ODG recommends the treatment for insomnia be based on the etiology, with the medications recommended. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The specific component of insomnia should be addressed such as sleep onset, maintenance, and next-day functioning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 2mg 1 po q hs prn #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-TWC, Pain Procedure Summary

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

**Decision rationale:** CA MTUS does not specifically address Eszopicolone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. It states that Eszopicolone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. It is a schedule IV controlled substance that has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. ODG also recommends limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of Eszopicolone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. In this case, the patient was prescribed Lunesta since March 2014 which allowed him to sleep for more hours. However, no documentation of sleep hygiene, nocturnal awakenings, daytime sleepiness, sleep quality was discussed in the submitted reports. Furthermore, ODG guidelines recommend the starting dose of 1 mg instead of 2 mg because of long-lasting impairment effects. The clinical indication for this medication is not clearly established. Therefore the request for Lunesta 2mg 1 po hs prn #30 is not medically necessary.