

<b>Case Number:</b>	CM14-0049621		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/16/2008
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Management 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 records made available for review, this is a 57-year-old male with a 2/16/08 date of injury, and status post revision T10-S1 posterior spinal fusion 1/29/14. At the time (3/17/14) of request for authorization for Lunesta 3mg #30, there is documentation of subjective (no complaints) and objective (motor strength 5/5 throughout iliopsoas, quadriceps, hamstring, tibialis anterior, tibialis posterior, gastroc-soleus, and extensor hallucis longus, normal sensory exam throughout all dermatomes, and reflexes symmetric) findings, current diagnoses (acquired kyphotic deformity of the spine, spinal stenosis, lumbar spine pseudoarthrosis, and chronic insomnia), and treatment to date (medications (including ongoing treatment with Lunesta)). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lunesta use to date.

### 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 cite any medical evidence for its decision.

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

Chapter, Insomina treatment.

**Decision rationale:** MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia which includes eszopicolone (Lunesta). In addition, ODG identifies that Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the medical information available for review, there is documentation of diagnoses of acquired kyphotic deformity of the spine, spinal stenosis, lumbar spine pseudoarthrosis, and chronic insomnia. However, given documentation of ongoing treatment with Lunesta, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lunesta use to date. Therefore, based on guidelines and a review of the evidence, the request for Lunesta 3mg #30 is not medically necessary.