

<b>Case Number:</b>	CM14-0064680		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Georgia. 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 claimant is a 65 year old female presenting with neck pain following a work related injury on 01/28/2010. The claimant was diagnosed with chronic neck pain, degenerative cervical spondylosis, myofascial pain syndrome, right shoulder pain, osteoarthritis, pain disorder with psychological medical condition and insomnia. On 4/21/2014, the claimant presented with myofascial pain worst in the regions of the neck and right arm, progressive radicular pain into both arms, right greater than left side, decreased brachioradialis deep tendon reflex of the right arm and weakness in the right biceps and right deltoid. The pain appeared to be in the C5-6 dermatomal distribution. Imaging showed that the claimant has severe degenerative spondylosis of the cervical spine including marked central spinal stenosis at C3-4 and C4-5 that contribute to the chronic disabling pain syndrome. The claimant's medications included Norco 10/325mg, Neurontin 300mg, Lunesta 2 mg and Lidoderm patches. A claim was made for Lunesta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 2mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines states that Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Med Lett Drugs note Eszopiclone(Lunesta), a new hypnotic. Eszopiclone(Lunesta) is effective for

treatment of insomnia for at least 6 months, with no evidence of tolerance, dependence or abuse. It has caused mild, transient memory impairment in some patients. No studies are available comparing eszopiclone with similar drugs like zolpidem(Ambien) or zaleplon (Sonata). In this case, peer review dated 03/11/14 indicates the claimant was certified with prospective usage of generic Lunesta 2mg #30 with warning that if subsequent review lacks ongoing efficacy (measurable subjective and/or functional benefit with prior use), then this supply should be used for downward titration and complete discontinuation, due to medication guideline noncompliance. These documents have not been submitted for review.

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

**Decision rationale:** Lunesta 2mg # 60 is not medically necessary. The ODG states that sleeping aids like Ambien and Lunesta are not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over long-term. Sleeping pills are indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found sleep aids to be effective for up to 24 weeks in adults. According to the medical records the claimant appeared to have used Lunesta long term. It is more appropriate to set a weaning protocol at this point. Therefore Lunesta is not medically necessary.