

Case Number:	CM14-0074605		
Date Assigned:	07/16/2014	Date of Injury:	02/18/2005
Decision Date:	09/16/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/22/2014

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 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:

The patient is a 40 year-old female with the date of injury of 02/18/2005. The patient presents with pain in her neck/shoulder/ jaw/ lower back/ multiple joints. The patient rates her pain as 7-9/10 on the pain scale, depending on her activities. The patient has been diagnosed with fibromyalgia. The patient is currently taking oxycodone, Oxycontin, Soma, Lunesta, and Klonopin. According to [REDACTED] report on 04/11/2014, diagnostic impressions are: 1) Fibromyalgia. 2) Degenerative disc disease, cervical. 3) Degenerative disc disease, lumbar. 4) Multiple joint pain. The utilization review determination being challenged is dated on 05/15/2014. [REDACTED] is the requesting provider, and he provided two treatment reports on 11/20/2014 and 04/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Lunesta 3 mg, 1 tablet at Bedtime: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th edition, McGraw Hill, 2006 Physician's Desk Reference, 68th edition www.RxList.com Official Disability Guidelines (ODG) Worker's Compensation Drug formulary, www.odg-twc.com/odgtwc/formulary.htm Epocrates Online,

www.online.epocrates.com Monthly Prescribing Reference, www.empr.com Opioid Dose Calculator-AMDD Agency Medical Director's Group Dose Calculator, www.agengymeddirectors.wa.gov (as applicable) ACOEM-
[https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2 , Summary of Recommendations, Cervical and Thoracic Spine Disorders ACOEM-
[https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2 , Summary of Recommendations, Low Back Disorders ACOEM-
<https://www.acoempracguides.org/Shoulder>; Table 2 , Summary of Recommendations, Shoulder Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Lunesta under Insomnia, Pain chapter: Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. (Walsh, 2007) Side effects: dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. Dosing: 1-2 mg for difficulty falling asleep; 2-3 mg for sleep maintenance. The drug has a rapid onset of action. (Ramakrishnan, 2007).

Decision rationale: The patient presents pain and weakness in her neck/shoulder/ jaw/ lower back/ multiple joints. The request is for Lunesta 3mg #30 tablets. MTUS guidelines do not mention Lunesta. ODG guidelines allow Lunesta 1-2 mg for difficulty falling asleep and 2-3 mg for sleep maintenance. AME's report on 11/20/2013 indicates that the patient "gets three to four hours of sleep at night and often is not refreshed in the morning. She naps or rests daily for one hour a day." The providers report does not mention the patient's sleep condition. There is no indication of exactly when the patient began taking Lunesta or how Lunesta has been helpful in terms of decreased pain or functional improvement. MTUS page 8 requires documentation of efficacy for treatments to continue. Given the lack of sufficient documentation demonstrating efficacy for chronic sleeping medication use, this request is not medically necessary.