

<b>Case Number:</b>	CM14-0084056		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/11/2002
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Occupational 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:

The records presented for review indicate that the injured worker is a 60-year-old female injured on 09/11/02 due a slip and fall on stairs. According to the most recent Primary Treating Physician Progress Note, dated 05/06/14, the injured worker had continued complaints of low back pain. She reported that the back pain had worsened and requested Toradol injections. The injured worker was active and involved in an exercise program. Subjectively difficulty sleeping is noted. Injured worker reported sleeping aids had helped in the past. Diagnoses included low back pain; radiculitis, lumbar/thoracic; coccyx disorder; sacroiliac joint dysfunction; anxiety; fibromyalgia; and depression. Current medications included Klonopin 1mg, Lexapro 10mg, Lunesta 3mg, MS Contin 30mg, Norco10/325mg, and Toradol injections 60mg. The prior utilization review dated 05/22/14, modified the request for Lunesta 3mg 1 po qod (every other day) hs (at night) 1 refill, to allow for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg 1 po qod hs 1 refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities guidelines.

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

**Decision rationale:** I agree with tapering and then stopping Lunesta in this chronic situation. Per ODG online, Lunesta is not recommended for long-term use, but recommended for short-term use. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists 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 the long-term. In this study, eszopicolone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to zolpidem at 4.82 (4.06 to 5.74). Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Medical necessity has been established.