

<b>Case Number:</b>	CM14-0091329		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/10/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 and Rehabilitation 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 injured worker is a 43-year-old male who reported an injury on 03/10/2008. The mechanism of injury was not provided. The surgical history was not provided. The prior treatments and diagnostic studies included physical therapy, a nerve block, an epidural steroid injection, medial branch blocks, yoga and an MRI. The injured worker's medications were noted to include Norco 10/325 mg, Lunesta 2 mg, Colace 100 mg, and baclofen 10 mg. The documentation of 04/07/2014 revealed the injured worker was having pain in his right leg and lower back. The physical examination revealed the injured worker had paralumbar tenderness from L2 to L5-S1 with slight spasms present. There was right sacroiliac and right trochanteric tenderness. The diagnoses included chronic lumbar back pain due to L4-5 disc herniation. The treatment plan included a continuation of Lunesta 2 mg by mouth at bedtime. There was a Request for Authorization submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta (unspecified quantity):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Pain Chapter, Mental Health and Stress Chapter.

**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:** The Official Disability Guidelines indicate that Lunesta is recommended for short-term usage of up to 6 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication previously. However, the duration of use could not be established through supplied documentation. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency, quantity, and dosage for the requested medication. Given the above, the request for Lunesta (unspecified quantity) is not medically necessary.