

<b>Case Number:</b>	CM14-0099348		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/20/2000
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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:

This is a case of a 56-year old female who has submitted a claim for cervical spine sprain/strain syndrome with associated cervicogenic headaches, left carpal tunnel syndrome, status post right CTR, De Quervain's disease and ulnar nerve transposition, right shoulder impingement syndrome, lumbar myoligamentous injury with bilateral lower extremity radiculopathy associated with an industrial injury date of 03/20/2000. Medical records from 2013 to 2014 were reviewed. Latest progress reports reveal that the patient has ongoing pain on her neck associated with cervicogenic headaches. She also has complaints typical of her complex regional pain syndrome in her right upper extremity. She claims that her spinal cord stimulator and trigger point injections to be 40-50% effective in alleviating her symptoms. She also has difficulty sleeping at night and requires Lunesta and Trazodone. She is permanent, stationary and 100% permanently totally disabled. No documentation on the improvement on the quality of sleep or functional improvement while on Lunesta and Trazodone was documented. No discussion on sleep hygiene, nighttime awakenings, sleep patterns, and daytime somnolence was also documented. On physical examination, the patient was alert, able to converse well, and does not appear to be overly medicated. There was cervical spine tenderness in the posterior cervical musculature and suboccipital region. She also has multiple trigger points that are tender along the posterior cervical musculature, upper trapezius, and medial scapular regions. She is able to flex forward bringing her chin two fingerbreadths from the sternum and extension is limited to 120 degrees. Treatment to date has included spinal cord stimulator, medications, trigger point injections. Medications taken include MS Contin, Norco, Prilosec, Restoril, Imitrex, Fexmid, Trazodone, Relpax, Colace, and Lunesta. Utilization review, dated 06/13/2014, denied the request for eszopicolone because long-term use of this medication is not recommended.

Furthermore, there is no documentation of trial and failure of non-pharmacologic treatment for insomnia, such as cognitive behavioral therapy or better sleep hygiene.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Eszopiclone, QTY: 30 - Unspecified dosage:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Eszopiclone.

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

**Decision rationale:** The California MTUS does not specifically address Eszopiclone (Lunesta). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. It states that eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia. A schedule IV controlled substance has potential for abuse and dependency. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. In this case, however, there is no documentation when the medication was initiated or that the medication has improved the quality of sleep of the patient. There was no discussion on sleep hygiene and trial of non-pharmacologic treatment. The dosage and frequency of use were not also specified. The clinical necessity of eszopiclone was not established; therefore, the request for eszopiclone qty 30 is not medically necessary.