

<b>Case Number:</b>	CM14-0105479		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/07/2008
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 58-year-old male with a 4/7/08 date of injury. The injury occurred when he picked up a bucket while rushing around and heard a click and a pop. According to a progress report dated 7/22/14, the patient's chief complaints were low back pain and insomnia. Objective findings: 60 degrees of flexion and 10 degrees of extension, negative straight leg raising, ankle dorsi and plantar flexors 5/5, quadriceps and iliopsoas are 5/5. Diagnostic impression: decompression and fusion of the lumbar spine. Treatment to date includes medication management, activity modification, physical therapy, injections, and surgery. A UR decision dated 6/11/14 modified the request for Lunesta 3mg #30 with 3 refills to Lunesta 3mg #30 with 2 refills. In this case, considering that the claimant is diagnosed with insomnia, as well as the documentation that the claimant has seen a QME for a sleep study who has also suggested that the claimant needs Lunesta; the medical necessity for the requested medication is established. However, the California MTUS recommends evaluation of efficacy with prior use of medication. Given this, Utilization Review recommended partial certification for Lunesta 3mg #30 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 California MTUS does not address this issue. Official Disability Guidelines states Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia; it is a schedule IV controlled substance that has potential for abuse and dependency; side effects: dry mouth, unpleasant taste, drowsiness, dizziness; sleep-related activities such as driving, eating, cooking and phone calling have occurred; and withdrawal may occur with abrupt discontinuation. However, in the present case, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. In addition, the UR decision dated 6/11/14 modified the request for Lunesta 3mg #30 with 3 refills to Lunesta 3mg #30 with 2 refills. A specific rationale as to why this patient would require a 4-month supply of medication at this time was not provided. Therefore, the request for Lunesta 3mg #30 with 3 refills is not medically necessary.