

<b>Case Number:</b>	CM14-0138135		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/03/2005
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 57-year-old male, who sustained an industrial injury on 6/03/2005. Diagnoses include ongoing right greater than left leg radiculopathy, status post 9/27/2012 right L5-S1 laminotomy, medial facetectomy and foraminotomy and right L5-S1 osteotomy and fusion mass overgrowth to perform L5-S1 laminotomy, sacroiliac joint dysfunction, status post previous L4-S1 anterior and posterior fusion on 11/06/2008, testicular dysfunction not otherwise specified, dermatitis and status post bilateral L5-S1 laminotomy with evaluation of the fusion mass. Treatment to date has included surgical intervention and medications including Norco, Lunesta, Celebrex and Xanax. Per the Primary Treating Physician's Progress Report dated 7/07/2014, the injured worker reported low back pain with pain and tingling in the feet rated as 7/10. Physical examination of the lumbar spine and lower extremities revealed an antalgic gait pattern, utilizing a single point cane for ambulation. There was palpable tenderness of the left upper buttocks. There was mildly decreased sensation over the right L4, L5 and S1 dermatome distribution and decreased ranges of motion in all planes. The plan of care included medications and authorization was requested for Lunesta 3mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30:** Overturned

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

**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, Insomnia Treatment.

**Decision rationale:** MTUS Guidelines do not address this issue. Updated ODG Guidelines address this issue in detail and they support the long-term use of certain hypnotic medications for insomnia related to chronic pain disorders. Lunesta is one of the medications supported for long-term use by Guidelines. Therefore, the request is medically necessary.