

<b>Case Number:</b>	CM14-0167032		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	10/24/2002
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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: Texas, New York, 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 applicant is a represented 49-year-old [REDACTED] beneficiary who has filed a claim for a chronic low back pain reportedly associated with an industrial injury of October 24, 2002. In a Utilization Review Report dated September 15, 2014, the claims administrator partially approved a request for Lunesta. The claims administrator referenced an RFA form received on September 8, 2014 in its determination. No guidelines were incorporated into the report. The claims administrator seemingly denied the request on causation grounds, stating that the medication did "not appear to be related to the industrial injury." The applicant's attorney subsequently appealed. In an RFA form dated September 8, 2014, both Norco and Lunesta were renewed. On August 11, 2014, the applicant reported ongoing complaints of low back pain, severe, 7/10. Norco and Lunesta were again renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 2mg #30:** 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 ODGs Mental Illness and Stress Chapter, Eszopiclone topic.

**Decision rationale:** No, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODGs Mental Illness and Stress Chapter notes that eszopiclone or Lunesta is not recommended for chronic use purposes but, rather, should be reserved for short-term use purposes. Here, the request in question did, however, represent a renewal or extension request for Lunesta. No clear or compelling applicant-specific rationale or medical evidence was furnished so as to offset the unfavorable ODG position on long-term usage of Lunesta. Therefore, the request was not medically necessary.