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| <b>Case Number:</b>   | CM14-0200184 |                              |            |
| <b>Date Assigned:</b> | 12/10/2014   | <b>Date of Injury:</b>       | 04/07/1997 |
| <b>Decision Date:</b> | 01/27/2015   | <b>UR Denial Date:</b>       | 11/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/01/2014 |

### 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 Family Practice, 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 64year old male who sustained an industrial injury on 04/07/1997. Diagnoses include low back pain, neck pain, post traumatic head pain, cervical degenerative disease, myofascial pain, lumbar sacral degenerative disc disease, and gastroesophageal reflux disease. Past treatments have consisted of medications, injections, and physical therapy. The patient's medication regimen has included Lunesta as per office visits on 7/13/14, 8/26/14 and 10/27/14 at which time Lunesta 3 mg #30. The medical records indicate that peer review in September 2014 modified to allow Lunesta 3 mg #15 to allow for weaning. Utilization Review dated 11/13/2014 non-certified the request for Lunesta 3mg, # 30 as per the Official Disability Guideline's recommendations. The prior peer reviewer also pointed out that weaning has not been performed as had been recommended in September 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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 (Eszopicolone); Mental and Stress Chapter, Lunesta (Eszopicolone).

**Decision rationale:** According to ODG, Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. In this case, the patient has been prescribed this medication for an extended period of time, and despite prior peer reviews recommending weaning, no weaning has been performed. The guidelines also state that sleeping pills can be habit-forming, and they may impair function and memory more than opioid pain relievers. Given that long term use of Lunesta is not recommended, the request for Lunesta 3mg #30 is not medically necessary.