

<b>Case Number:</b>	CM14-0200902		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	08/21/2001
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/25/2014
<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 Physical Medicine Rehab 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 62 year old male who sustained a work related injury on August 21, 2001. The mechanism of injury was not provided. Current documentation dated October 30, 2014 notes that the injured worker reported ongoing low back pain that radiated into the left groin and anterior left thigh. He reports the pain level to be a nine out of ten, but with pain medication is reduced to a two out of ten on the Visual Analogue Scale. Current medications include Lunesta, Norco, Nuvigil, Ultram ER and Dilaudid. Physical examination of the lumbar spine revealed significantly limited range of motion secondary to pain. There was tenderness to palpation noted over the paraspinal muscles in the lumbar region bilaterally. Diagnoses include s/p lumbar fusion L4-5, bilateral chronic regional pain syndrome, intractable pain syndrome and bilateral lower extremity radiculopathy, as evidenced by muscle wasting of the left lower extremity and chronic radiculopathy per an electromyography on May 2, 2009. The injured worker was also noted to have failed a lumbar spinal cord stimulation trial. Work status is unclear. The treating physician requested a prescription of Lunesta 3 mg # 30. Utilization Review evaluated and denied the request on November 25, 2014. Utilization Review denied the request due to evidenced-based guidelines which do not recommended Lunesta for long-term insomnia management. The documentation supports the injured worker had been prescribed Lunesta since February of 2014. In addition, the documentation does not indicate the injured worker had any problems with sleep in recent documentation to warrant the medication. Therefore, the request for Lunesta 3 mg # 30 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of 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, Mental Illness & Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment, pages 535-536.

**Decision rationale:** Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG). Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Submitted documents have not demonstrated any functional improvement from Lunesta treatment prescribed for quite some time for this 2001 injury. The (1) Prescription of Lunesta 3mg #30 is not medically necessary and appropriate.