

<b>Case Number:</b>	CM14-0206869		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	02/08/2002
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, headaches, and depression reportedly associated with an industrial injury of February 8, 2002. In a Utilization Review Report dated November 12, 2014, the claims administrator failed to approve a request for Lunesta. The claims administrator referenced a progress notes dated October 23, 2014 and August 18, 2014. The claims administrator suggested that the applicant had been using Lunesta for an extended amount of time, on the order of several months. The applicant's attorney subsequently appealed. In a May 19, 2014 progress note dated, the applicant reported a flare in low back pain, scored at 9/10. The applicant also reported ancillary issues with depression and lower extremity paresthesias. The applicant's medication list, at this point, included Neurontin, Prilosec, Lexapro, Lunesta, and Cialis. It was suggested that the applicant was using Lunesta nightly for pain-induced insomnia. The applicant was permanent and stationary, it was stated. The applicant did not appear to be working with previously imposed permanent limitations. On June 26, 2014, the applicant reported persistent complaints of low back pain, 8/10, with ancillary complaints of depression, headaches, muscle spasm, and insomnia. The applicant's medication list again included Lunesta, Lexapro, Prilosec, Neurontin, Cialis, and Voltaren gel. On October 23, 2014, the applicant was, once again, described as reporting ongoing complaints of low back pain with ancillary complaints of depression, headaches, and muscle weakness. The applicant's medications included Ultram, Nexium, Lexapro, Neurontin, Lunesta, and Motrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3 MG 1 Q HS PRN #20:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter, Eszopiclone topic.

**Decision rationale:** The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic does note that Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, the applicant has seemingly been using Lunesta for a minimum of several months. Such usage, however, is incompatible with the ODG position on the same. Therefore, the request was not medically necessary.