

<b>Case Number:</b>	CM14-0209062		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: Family Practice

### 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 60-year-old cook reported a left knee injury after abruptly stepping backward to avoid a mouse on 11/1/10. She has subsequently claimed compensatory injuries to her low back and right shoulder, as well as depression and anxiety. Her past medical history is notable for diabetes, hypertension and obesity. Treatment for her industrial injuries has included arthroscopic surgery followed by total knee replacement of the left knee, with extensive physical therapy, as well as open right shoulder surgery. A review of the voluminous medical records provided makes it clear that this patient has been taking some sort of sleep aid since at least 2012. A QME report documents that she received a benzodiazepine for sleep at a 1/29/12 office visit. She is quoted in a 12/17/12 deposition done as stating that she takes sleep medications for depression, and on 3/18/13 as stating that she takes medications for sleep. She was evaluated in her current primary treater's office on 10/9/14. She was noted to have constant moderate to severe left knee and low back pain. Exam was notable for marked obesity (BMI 41.9), tenderness of the back, left hip and left knee. She had pain with range of motion, which was only limited in the knee. She was noted to have numbness and tingling in an L5-S1 distribution and weakness in the ankle and foot (side not noted). Diagnoses include status post left total knee arthroplasty, with low back and left hip pain as a compensable consequence of the knee surgery. There is a statement that "the patient has difficulty sleeping". Treatment plan included a request for referral to a knee specialist, and a statement that "medications are being requested under separate cover letter". A letter written on 10/25/14 by the primary treater contains requests and

rationales for multiple medications. The rationale for eszopiclone (Lunesta) states that it is being prescribed to treat temporary insomnia related to the patient's pain condition.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Eszopiclone Tablet 1 MG #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 (ODG), Treatment Index, 11 Edition (Web), 2013, Chronic 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.

**Decision rationale:** Per the ODG reference above, treatment of insomnia should be based on its etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific components of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. Like all medications in its class, Lunesta is a schedule IV controlled substance, which means that it has the potential for abuse and dependency. It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. Side effects: dry mouth, unpleasant taste, drowsiness, and dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. The clinical documentation in this case does not support the provision of eszopiclone to this patient. There is no documentation of any evaluation of her insomnia. If, as her primary treater states, her insomnia is due to pain, the appropriate treatment would be a medication specifically for pain. This patient has clearly had some sort of sleep disturbance for years, which may be due to a psychiatric or medical illness. Treating her with an agent for primary insomnia is not medically appropriate until that diagnosis has been clearly established. Based on the evidence-based citation above and on the clinical documentation provided for my review, eszopiclone 1 mg #30 is not medically necessary. It is not medically necessary because no appropriate evaluation of the patient's insomnia has been made, and because it appears to be likely that she does not have primary insomnia, and that therefore eszopiclone is not an appropriate drug for it.