

<b>Case Number:</b>	CM14-0219059		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/17/2006
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 60 year old female with an industrial injury dated 10/17/2006 due to lifting a box of clothing. Her diagnoses include myalgia and myositis, low back pain, insomnia due to medical condition, muscle spasms, chronic pain due to trauma, radiculopathy (thoracic and lumbosacral, degenerative disc disease of the lumbar spine, facet arthropathy, lumbar spondylosis without myelopathy, and chronic COAT. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, and medications (with meaning improvement). In a progress note dated 12/01/2014, the treating physician reports back pain (upper middle and low back areas) with a severity rating of moderate to severe, neck pain and pain in the left leg described as burning and sharp with numbness. The objective examination revealed no significant findings. The treating physician is requesting Lunesta which was modified by the utilization review. On 12/17/2014, Utilization Review modified a prescription for Lunesta tablet 3mg #15 with 2 refills to the approval of Lunesta tablet 3mg #15 with 0 refills, noting the non-recommendation of long term use and the previous recommendation for weaning. The ODG Guidelines were cited. On 12/26/2014, the injured worker submitted an application for IMR for review of Lunesta tablet 3mg #15 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta tablet 3 mg #15 Refills: 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Edition (web) 2014, Mental Health and Anxiety- Lunesta.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

**Decision rationale:** According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Lunesta is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the request for Lunesta 3mg #15, with 2 refills is not medically necessary.