

<b>Case Number:</b>	CM14-0097361		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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, has a subspecialty in Interventional spine 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 patient is a 31-year-old male with an injury date of 07/01/2013. Based on the 01/24/2014 progress report, the patient complains of having bilateral hand/wrist/finger pain. He also has low back pain, right leg pain, sleep difficulties, depression, and anxiety. He has a positive Phalen's on the right side into the 4th and 5th digits with numbness. He also has numbness on the left side into the first and second digits. The 05/19/2014 report indicates that the patient has focal tenderness over both carpal tunnels as well as the cubital tunnels on each side. Tenderness is noted in the right forearm over the lateral epicondyle. There is tenderness from the elbows to the neck and Tinel's sign over both cubital tunnels is positive. The patient's diagnoses include the following: 1. Bilateral median and ulnar neuritis with non-diagnostic electrodiagnostic testing. Right lateral epicondylitis. The utilization review determination being challenged is dated 06/04/2014. There were two treatment reports provided from 01/24/2014 and 05/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 2 mg po qhs #30, 3 refills:** Upheld

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

**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, under Eszopicolone (Lunesta).

**Decision rationale:** The patient presents with bilateral hand/finger/wrist pain, low back pain, right leg pain, sleep difficulties, depression, and anxiety. The request is for Lunesta 2 mg P.O. Q.H.S. #30, 3 Refills. ODG Guidelines pain chapter, under insomnia treatments section states, "Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA approved for used 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 controlled group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period." ODG Guidelines pain chapter, under Eszopicolone (Lunesta), this medication is "Not recommended for long-term use, but recommended for short-term use." In this case, the request is for 3 refills with 30 tablets each. It would appear that this medication is prescribed on a long-term basis. The treating physician does not mention that this is for a short-term use. In regards to Lunesta, ODG Guidelines do not recommend for "long-term use, but recommended for short-term use." Therefore, the requested Lunesta is not medically necessary.