

<b>Case Number:</b>	CM15-0001504		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Physical Medicine & Rehabilitation

### 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 53 year old male with an injury date on 10/8/12. The patient complains of lower back pain, radiating into the lower extremities rated 8/10 per 12/4/14 report. The patient had 1 facet block and 1 epidural steroid injection with no significant changes in symptoms per 12/4/14 report. The patient's pain is sharp, and worsened by bending, lifting, twisting, prolonged sitting/standing per 11/13/14 report. Based on the 12/4/14 progress report provided by the treating physician, the diagnosis is lumbago. A physical exam on 12/4/14 showed 'L-spine range of motion is restricted.' The patient's treatment history includes medications, epidural steroid injection, facet injection. The treating physician is requesting eszopiclone 1mg #30. The utilization review determination being challenged is dated 12/11/14. The requesting physician provided treatment reports from 1/3/14 to 12/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eszopiclone 1mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28; 47

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Lunesta

**Decision rationale:** This patient presents with lower back pain, with pain radiating into the lower extremities. The treater has asked for ESZOPICLONE 1MG #30 but the requesting progress report is not included in the provided documentation. Review of reports shows that patient was authorized for a prescription of Lunesta on 11/19/14. Regarding Lunesta, ODG recommends for insomnia, as the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A clinical trial showed significant improvement in sleep latency, wake after sleep onset, and total sleep time over 6 months of use. ODG under stress chapter states, "Not recommended for long-term use, but recommended for short-term use. Recommend limiting use of hypnotics to three weeks maximum in the first 2 months of injury only, and discourage use in the chronic phase." The patient is currently working with restrictions per 12/4/14 report. In this case, the patient has a chronic pain condition. The 11/19/14 review shows that Lunesta was authorized, but there is no documentation that shows if the patient has been using the medication and to what effect. A short-term use of this medication may be reasonable per ODG guidelines, but not long-term. The treater does not indicate that it's for short-term, and the patient is outside the first 2 months from injury. The request IS NOT medically necessary.