

<b>Case Number:</b>	CM15-0004437		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	08/15/2006
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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 injured worker is a female, who sustained an industrial injury on August 15, 2006. She has reported neck and back injury. The diagnoses have included cervical disc disorder, lumbar disease disorder, and post-laminectomy syndrome of cervical spine. Treatment to date has included medications. Currently, the IW complains of neck pain. On December 2, 2014, pain is reported to be a 7-8 out of 10 on a pain scale, and unchanged from previous examination. Physical findings are noted as decreased sensation in the C3-C4 dermatome, and absent biceps tendon reflexes. On December 11, 2014, Utilization Review non-certified Lunesta 3 mg, quantity #30. On January 7, 2015, the injured worker submitted an application for IMR for review of Lunesta 3 mg, quantity #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Insomnia Mental Illness & Stress chapter, Eszopicolone (Lunesta)

**Decision rationale:** The 56 year old female presents with neck pain rated at 7-8/10, as per progress report dated 12/02/14. The request is for LUNESTA 3 mg # 30. The RFA for this request is dated 12/02/14, and the patient's date of injury is 08/15/06. The patient has been diagnosed with cervical disc disease, post laminectomy syndrome of cervical spine, and opiate intolerance. Medications, as per 12/02/14 progress report, include Oxycontin, Percocet, Flexeril and Lunesta. The available progress reports do not discuss the patient's work status. ODG guidelines state "Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) 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." ODG Stress chapter, however, 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 two months of injury only, and discourage use in the chronic phase." In this case, only two progress reports dated 12/02/14 and 11/04/14 are available for review. A prescription for Lunesta can be found in both the reports. However, the treater does not document any insomnia or sleep issues. In fact, the reports state that "The patient denied depression, nervousness, mood swings or sleep disturbances." The purpose of this medication is not clear. Lunesta is also not indicated for a long-term use, more than 3 wks maximum and the current request is for #30. Hence, the request IS NOT medically necessary.