

<b>Case Number:</b>	CM15-0004672		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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 59 year old male with an industrial injury dated 12/12/2011. The mechanism of injury is documented as a motor vehicle accident. He presents on 11/20/2014 with complaints of pain in his shoulder and low back. He noted he was not very comfortable and not getting proper sleep. There was slight tenderness of the paralumbar muscles. Lumbar range of motion was decreased. Straight leg raising test was positive. Prior treatment included diagnostics, medications and surgery. Diagnoses included: Post traumatic head syndrome; Right shoulder rotator cuff tear requiring surgical repair arthroscopy on 11/05/2012; Lumbar strain; Thoracic and cervical strain; Secondary depression and anxiety; Erectile dysfunction. On 12/31/2014 the request for Lunesta 3 mg # 30 was non-certified by utilization review. One month supply was approved for weaning purposes. ODG was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Lunesta 3mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter: Insomnia; Lunesta.

**Decision rationale:** According to the 12/29/2014 report, this patient presents with pain at the low back, mid back, neck, bilateral shoulder, bilateral knee, left ankle pain, headaches, depression and anxiety. The current request is for retro Lunesta 3 mg # 30 "as needed for sleep difficulty." The request for authorization is not included in the file for review. The patient's work status is "remains temporarily totally disabled from 12/26/14 to 02/05/15 on physical and psychological grounds." Regarding Lunesta, the MTUS and ACOEM Guidelines do not discuss, but ODG Guidelines discuss Lunesta under insomnia and state "Lunesta has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine receptor agonist FDA approved for use longer than 35 days." Under Stress chapter, it states "Not recommended for long-term use, but recommended for short-term use." In reviewing the medical reports provided, Lunesta was first mentioned in the 11/20/2014 report; it is unknown exactly when the patient initially started taking this medication. The treating physician does not mention what Lunesta is doing for this patient. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Without documentation that this medication is working and helping with pain and function, continued use of the medication would not be indicated. The request IS NOT medically necessary.