

<b>Case Number:</b>	CM15-0009666		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	12/18/2000
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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 61-year-old male who reported injury on 12/18/2000. The mechanism of injury was due to while the injured worker was taking down an accordion wall weighing approximately 450 pounds, he developed low back and right lower extremity pain. The injured worker has diagnoses of postlaminectomy of the lumbar spine, degeneration of the lumbar disc, right lower extremity edema, and hypertension. Past medical treatment consists of surgery, therapy, and medication therapy. The medications include hydrocodone/APAP, Soma, Lyrica, Lunesta, Lisinopril, and Viagra. On 10/28/2014, the injured worker underwent a drug screen, showing that the injured worker was compliant with prescription medications. On 12/22/2014, the injured worker was seen for a follow-up appointment and complained of low back pain that radiated down to the posterior portion of the right lower extremity. The physical examination noted that the lumbar spine was limited to 15 degrees with extension, 82 degrees with flexion, 23 degrees with right lateral bending, and 23 degrees of left lateral bending. On the right side, the injured worker had slight weakness of heel to toe walking. There was diminished sensation to light touch in both feet. Patellar reflexes were 1+ and symmetrically equal. Right ankle strength was 4/5. Medical treatment plan was for the injured worker to continue with medication therapy. Rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Treatment for Insomnia (Lunesta).

**Decision rationale:** The request for Lunesta 3mg #30, 2 refills is not medically necessary. The Official Disability Guidelines state that Lunesta is not recommended for long term use, but recommended for short term use. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Most guidelines recommend a short term treatment less than or equal to 4 weeks. Further studies are needed to evaluate the efficacy and safety of treatments for long term treatment of insomnia. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the medication was helping with any sleep insomnia the injured worker was having. Additionally, there was no documented diagnosis of the injured worker having insomnia. Furthermore, it was indicated in the submitted documentation that the injured worker has been on the medication since at least 12/2014, exceeding the recommended guideline criteria for short term use. Furthermore, the request as submitted is for Lunesta 3 mg with a quantity of 30 plus 2 refills, also exceeding recommended guidelines for short term use. Given that there were no other significant factors provided to justify the use outside of current guidelines, the request would not be indicated. As such, the request is not medically necessary.