

<b>Case Number:</b>	CM15-0105278		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 51 year old female, who sustained an industrial injury on 9/11/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having right shoulder pain-status post arthroscopy, left shoulder pain, bilateral shoulder adhesive capsulitis and cervical radiculopathy. Cervical x rays and magnetic resonance imaging showed cervical spondylosis. Treatment to date has included physical therapy, heat, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 4/10/2015, the injured worker complains of neck and bilateral shoulder pain that radiates to the head with numbness and tingling to the bilateral upper extremities. The pain was rated 8/10. Physical examination showed cervical paraspinal tenderness and spasm. The treating physician is requesting Lunesta 3mg #20. The patient's surgical history includes right shoulder surgery on 6/4/13. The patient has had an EMG study of upper extremities with normal findings. The medication list includes Motrin, Tramadol, Ibuprofen, Omeprazole and Ativan. The patient has had a history of anxiety and depression secondary to pain and difficulty in sleeping. A recent detailed psychological evaluation note of psychiatrist was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg/tab; 1 tab po qhs prn #20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 12/31/14) Mental Chapter. Mental Illness & Stress (updated 10/23/14) Eszopiclone (Lunesta).

**Decision rationale:** Lunesta (eszopiclone) is a non-benzodiazepine hypnotic agent is a sedative and is used to treat insomnia that is a pyrrolopyrazine derivative of the cyclopyrrolone class. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Not recommended for long-term use, but recommended for short-term use." A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is approximately 3 years ago. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. As per cited guidelines for this type of medication, "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken." The medication list includes Ativan. The detailed response of this medication was not specified in the records provided. The rationale for adding another medication for insomnia was not specified in the records provided. Per the cited guideline, use of this medication can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Lunesta 3mg/tab; 1 tab po qhs prn #20 is not medically necessary in this patient.