

<b>Case Number:</b>	CM15-0108173		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	05/16/1990
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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, North Carolina  
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 68-year-old female, who sustained an industrial injury on 5/16/90. She reported initial complaints of a neck injury. The diagnoses have included cervical degenerative facet disease. Treatment to date has included medications, surgery and off of work. Currently, as per the physician letter dated 5/11/15, the only document included that pertains to the requested treatment, the injured worker has been taking Lunesta for over 5 years and she takes Trazadone for sleep. She has previously failed Ambien due to sleep walking and personality change. She has previously failed Melatonin due to ineffectiveness. There are no other medications listed, no diagnostics submitted and no therapy sessions or other documentation for review. The physician requested treatment included Lunesta 2MG (unspecified quantity) at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 2mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC ODG Treatment Mental Illness & Stress 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 chapter (insomnia treatment).

**Decision rationale:** CA MTUS does not address. ODG states that Lunesta is a non-benzodiazepine sedative hypnotic with the potential for abuse/dependency. In this case, there is no documentation of the patient's sleep hygiene or conservative measures (non-pharmacological) to treat insomnia. There is also no documentation of response to Lunesta. Lunesta is not intended for long-term use, with 3 weeks maximum recommended. In this case, the patient has been taking Lunesta over 5 years, which greatly exceeds the criteria. Therefore, it is not medically necessary or appropriate.