

<b>Case Number:</b>	CM15-0108721		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Arizona, 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 37 year old female who sustained an industrial injury on 07/02/13. Initial complaints and diagnoses are not addressed. Treatments to date include left knee surgery, aspirations, injections, and medications. Diagnostic studies include x-rays of the left knee, which are not available for review. Current complaints include left knee pain. Current diagnoses include pain in the joint of the lower leg. In a progress note dated 04/05/15, the treating provider reports the plan of care as medication including Tramadol, Tylenol, Eszopiclone, Gabapentin, Naproxen, and Omexapen. The requested treatment includes Eszopiclone. The documentation reveals that the injured worker was previously on Doral for sleep since at least 12/02/14 and was switched to Eszopiclone on 01/15/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eszopiclone (Lunesta) (DOS 5/1/15) Qty 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain (chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain and insomnia pg 64.

**Decision rationale:** The MTUS Guidelines do not comment on insomnia. According to the ODG Guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant had been on Lunesta for several months and previously on Benzodiazepines. Long-term use of insomnia medications is not recommended. In addition, the sleep disorder was not identified nor failure to provide behavioral intervention. The continued use of Lunesta is not medically necessary.