

<b>Case Number:</b>	CM15-0133748		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	08/11/1993
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 50-year-old male who sustained an industrial injury on 08/11/1993. He reported right shoulder and back pain status post fall. Diagnoses at the time included spina bifida, lumbar spine, with probable nerve root compromise. Current diagnoses include lumbago, and post laminectomy syndrome lumbar region. Treatment to date has included symptomatic medication management. Currently, the injured worker reports he is doing very well, and takes his tramadol 4 times a day to manage his pain which provides him 40% pain relief. He has been doing well with his current regimen of Cymbalta and Lunesta. Physical examination is remarkable for a scar deformity in the lumbar area; range of motion is limited with flexion and extension. Requested treatments include Lunesta 3mg #30 x2 refills. The injured worker's status is reported as permanent and stationary, now on disability. Date of Utilization Review: 06/30/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30 with 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 - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines, Mental Illness & Pain Chapter (updated 03/25/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Illness, Insomnia treatment; Eszopiclone/Lunesta.

**Decision rationale:** ODG states "Lunesta: Not recommended for long-term use, but recommended for short-term use. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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. In this study, eszopiclone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to zolpidem at 4.82 (4.06 to 5.74). In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. (Kripke, 2012) The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired." The injured worker suffers from chronic pain due to industrial injury and subsequently developed psychological problems such as depression, sleep problems secondary to the same. The submitted documentation suggests that he has been on pharmacotherapy for insomnia for almost 5 years. Per guidelines, Lunesta is not recommended for long-term use, but recommended for short-term use. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. Thus, the request for another 3 month supply of the medication i.e. Lunesta 3mg #30 with 2 refills is excessive and not medically necessary.