

<b>Case Number:</b>	CM15-0136697		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	04/15/2008
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 65-year-old male injured worker suffered an industrial injury on 4/15/2008. The diagnoses included depressive disorder. The treatment included medications. On 5/28/2015, the treating provider reported depression, lack of motivation, and decreased energy. The injured worker had been advised of general instructions on sleep hygiene. It was not clear if the injured worker had returned to work. The requested treatments included Lunesta.

### 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, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress Chapter (updated 08/31/15), Eszopicolone (Lunesta).

**Decision rationale:** MTUS is silent concerning Lunesta. ODG does recommend short-term use of Lunesta, but does not recommend long-term use of Lunesta. The injured worker has a history of fibrotic lung disease and sleep apnea treated with CPAP, possibly increasing his risks relating to sedating medications. Specific improvement in his sleep pattern is not documented with Lunesta. Based upon the submitted information, medical necessity is not medically necessary for the requested Lunesta.