

<b>Case Number:</b>	CM15-0138580		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 63 year old male, who sustained an industrial injury on 6/20/2013. He reported buckling of his right ankle after jumping off the wheel of a truck. The injured worker was diagnosed as having chronic right ankle sprain, right anterior ankle synovitis with impingement, right medial malleolar avulsion fracture, right tibial nerve irritation, and status post right ankle arthroscopy and medial malleolar avulsion fracture fragment excision. Treatment to date has included diagnostics, right ankle surgery 9/2014, physical therapy, and medications. Currently, the injured worker complains of chronic right ankle pain, rated 2/10 with medication use and 6/10 without. He reported difficulty sleeping due to pain and average sleep of 5 hours per night. Medications included Norco and Gabapentin. He reported that Gabapentin helped with numbness temporarily, but also made him dizzy. The treatment plan included a trial of Eszopiclone. His work status was total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eszopiclone (Lunesta) 2mg, half tablet at night for sleep difficulties, #30 (trial): Upheld**

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

Chapter, Insomnia treatment - Eszopiclone (Lunesta); ODG, Mental Illness and Stress Chapter - Lunesta.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

**Decision rationale:** Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. With Eszopiclone (Lunesta?), the guidelines state this agent "has demonstrated reduced sleep latency and sleep maintenance." It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the documentation available for review, there is no statement indicating what behavioral treatments have been attempted for the condition of insomnia. The ODG recommends non-pharmacologic treatments and education on behavior techniques and sleep hygiene as first line. Given this, the current request is not medically necessary.