

<b>Case Number:</b>	CM15-0138653		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	09/04/2003
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/15/2015
<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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 52 year old female, who sustained an industrial injury on 9/4/03. She has reported initial complaints of a neck and back injury. The diagnoses have included chronic cervicalgia, cervical degenerative disc disease (DDD), possible bilateral cervical radiculitis, chronic low back pain, lumbar degenerative disc disease (DDD), sciatica and pain related insomnia. Treatment to date has included medications, activity modifications, diagnostics, injections, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 5/12/15, the injured worker states that her Tylenol #3 and Lunesta were not authorized the previous month and so she has been struggling with pain, her sleep has been quite poor and she has been less functional with her activities of daily living (ADL) because of pain and fatigue. She notes sedation with the Lunesta. She reports averaging 6-7 hours of sleep a night with the Lunesta and without it she averages 4-5 hours of sleep. She continues with chronic neck and low back pain with radicular symptoms in the bilateral upper and lower extremities. The current medications included Cymbalta, Tylenol #3 and Lunesta. It is noted that the urine drug screen was consistent with the medications prescribed however, there is no report noted in the records. The objective exam reveals tenderness to palpation of the cervical spine, spasm noted and range of motion is moderately reduced in all planes. The thoracic spine reveals tenderness to palpation. The lumbar spine reveals tenderness and positive seated straight leg raise on the left. There is decreased sensation to light touch in the left lower extremity (LLE). The physician requested treatment included Lunesta 3mg #30 Refills 1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lunesta 3mg #30 Refills 1:** 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 - 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 (Chronic), Insomnia Treatment.

**Decision rationale:** The MTUS is silent on the treatment of insomnia. With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action." The documentation submitted for review indicated that the injured worker received 6-7 hours of sleep per night with the Lunesta, whereas without that medication she only averaged about 4-5 hours of sleep in a night. She was subsequently better rested and more functional with her activities of daily living with the use of Lunesta. However, the medical records indicate that the injured worker has been using this medication since at least 10/2014. The guidelines recommend this class of medications for short-term use, up to 3 weeks maximum. This medication has been used long term, additionally; the request is for two month supply, as such, the request is not medically necessary.