

<b>Case Number:</b>	CM15-0165018		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	11/11/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2015

### 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: North Carolina

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 52 year old female, who sustained an industrial injury on 11-11-2014. She has reported injury to the neck, right shoulder, right wrist; and mid and low back. The diagnoses have included cervicalgia; cervical disc disease; cervical radiculitis; left shoulder sprain; right shoulder sprain-strain; right shoulder impingement; right shoulder adhesive capsulitis; right wrist pain; right wrist sprain-strain; right de Quervain's; thoracic sprain-strain; lumbar radiculitis at left L5 and S1; lumbar degenerative disc disease; left hip sprain-strain; and left knee internal meniscal tear. Treatment to date has included medications, diagnostics, wrist support, knee brace, injections, physical therapy, and home exercise program. Medications have included Naproxen, Gabapentin, Cyclobenzaprine, LidoPro, Lunesta, and Omeprazole. A progress note from the treating physician, dated 08-14-2015, documented a follow-up visit with the injured worker. The injured worker reported continued neck pain that radiates down the right upper extremity to all the fingers with numbness of the right upper extremity and the fingers 3, 4, and 5; the pain is rated at 7 out of 10 in intensity; right shoulder pain which is almost constant; the pain is described as dull to sharp, and rated at 7 out of 10 in intensity; the pain can wake her up at night; the orthopedist recommended to have physical therapy prior to optional surgery due to frozen shoulder; she experiences left shoulder pain; left knee pain and unstable gait; she has been wearing the knee brace with mild symptom relief; right wrist pain, which is intermittent and dull to sharp pain; the pain is rated at 4 out of 10 in intensity; weakness of the right wrist; low back pain that radiates down the left leg; she has numbness of the left thigh external aspect, down to the left foot; she has weakness of her left lower extremity; and her sleep is improved

with Lunesta 1mg. Objective findings included tenderness to the right paraspinal cervical area, both trapezii, scapular areas, and paraspinal thoracic areas bilaterally; full range of motion of the cervical spine with stiffness at end range; tenderness to the right shoulder rotator cuff, anterior and posterior aspects; positive impingement sign; left shoulder tenderness to the anterior aspect; right wrist tenderness; Phalen's test is positive; tenderness to the bilateral thoracolumbar paraspinal area; positive Patrick's test on the left; and tenderness to the left knee internal joint line. The treatment plan has included the request for Lunesta 1mg Q HS (hour of sleep) PRN (as needed) #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lunesta 1mg QHS PRN #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore, the request is not certified.