

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0184626 |                              |            |
| <b>Date Assigned:</b> | 09/25/2015   | <b>Date of Injury:</b>       | 09/14/1993 |
| <b>Decision Date:</b> | 11/02/2015   | <b>UR Denial Date:</b>       | 09/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/21/2015 |

### 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 59-year-old male, who sustained an industrial injury on 9-14-1993. The injured worker is undergoing treatment for lumbar-lumbosacral intervertebral disc, lumbar intervertebral disc displacement without myelopathy, lumbosacral spondylosis without myelopathy, and thoracic-lumbosacral neuritis-radiculitis. On 7-21-15, he reported neck pain with radiation to the bilateral shoulders. He rated the pain 2 out of 10. He also indicated he had non-restful sleep. On 8-21-15, he reported neck pain with radiation to the bilateral shoulders. He rated his pain 1 out of 10. He also reported having non-restful sleep. He indicated he had been diagnosed with sleep apnea and is currently utilizing a cpap machine. Physical examination revealed a non-antalgic gait, tenderness in the iliopsoas muscle bilaterally. The records do not discuss a current assessment of his sleep hygiene, or sleep duration, or efficacy of Lunesta. The treatment and diagnostic testing to date has included x-rays, and magnetic resonance imaging (dates unclear), medications. Medications have included Lunesta, Doxepin, Lyrica. The records indicate he has been utilizing Lunesta since at least December 2014, possibly longer. Current work status is unclear. The request for authorization is for one prescription of Lunesta 3 mg quantity 60. The UR dated 9-11-2015: non-certified the request for one prescription of Lunesta 3mg quantity 60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Lunesta 3mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 medically necessary.