

<b>Case Number:</b>	CM15-0193407		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	10/18/1982
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 61 year old male, who sustained an industrial injury on 10-18-82. The injured worker is diagnosed with insomnia, cervical radiculopathy and lumbar sprain-strain. Notes dated 6-9-15 -15 - 9-1-15 reveals the injured worker presented with complaints of neck and low back pain. Physical examinations dated 6-9-15 - 9-1-15 revealed cervical and lumbar spine spasm and tenderness over the paravertebral muscles and decreased range of motion. Treatment to date has included cervical surgery; medication Lunesta (for at least 4 months), Percocet, Kadian and Gabapentin reduces his pain from 8 out of 10 to 5 out of ten, per note dated 9-1-15. The injured worker was taking Temazepam for sleep and anxiety, but it was not beneficial per note dated 3-17-15 and Lunesta was ordered. A request for authorization dated 8-11-15 for Lunesta 1 mg #30 is non-certified, per Utilization Review letter dated 9-18-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Lunesta 1 MG:** 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).

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 1 mg #30 is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured worker's working diagnoses are chronic postoperative pain cervical spine; and chronic nonmalignant pain of the lumbar spine with radiculopathy. Date of injury is October 18, 1982. Request for authorization is September 16, 2015. According to a progress note dated June 9, 2015, the treating provider prescribed Lunesta. The documentation shows the treating provider prescribed temazepam prior to this progress note. According to a September 1, 2015 progress note, subjective complaints include chronic pain of the cervical and lumbar spine 5/10. Medications include Lunesta, Percocet, Kadian and gabapentin. There is no documentation of insomnia or sleep disorder. Objectively, there is spasm and tenderness in the cervical and lumbar paraspinal muscle groups with decreased range of motion. According to the utilization review #471637 dated July 30, 2015, Lunesta 1 mg #30 was certified. There is no documentation demonstrating objective functional improvement. The guidelines do not recommend long-term use, but recommend short-term use. The treating provider exceeded the recommended guidelines when considering Lunesta alone and in conjunction with prior Temazepam (not recommended). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment duration continued in excess of the recommended guidelines (not recommended for long-term use) and no documentation demonstrating objective functional improvement, Eszopicolone (Lunesta) 1 mg #30 is not medically necessary.