

<b>Case Number:</b>	CM15-0194189		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	05/04/1995
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: New Jersey

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:

This 48 year old man sustained an industrial injury on 5-4-1995. Diagnoses include lumbar spine degenerative disease and lumbar radiculopathy. Treatment has included oral and topical medications, H-wave therapy, surgical intervention, and chiropractic care. Physician notes on a PR-2 dated 8-4-2015 show complaints of low back pain and stiffness with left leg pain and numbness. The worker rates his pain range between 6 and 10 out of 10 and states it is constant. The physical examination shows muscle spasms of the left paraspinal muscles have improved, "improved" range of motion of the lumbar spine with better lubricated joints in the back documented as extension 25 degrees, flexion 45 degrees, bilateral lateral bending 15 degrees, and rotation 20 degrees. Pain is noted on palpation of the left sacroiliac joint, positive FABER sign on the left with less pain, bilateral lower extremity deep tendon reflexes are symmetrical, decreased sensation to pinprick is noted along the left lateral leg with positive allodynia and a limp is noted. Recommendations include additional chiropractic sessions, continue home exercise program, Prilosec, Lidocaine 5%, Flurbiprofen cream, Fennipofen, Flexeril for flare-ups, Tramadol, Theramine, Lunesta, and work restrictions. Utilization Review denied requests for Lunesta on 9-29-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 2mg #30: 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) Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment.

**Decision rationale:** The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was record of chronic use of Lunesta leading up to this request for renewal. However, there was insufficient evidence found in the notes to suggest this medication was warranted and an exception to the Guidelines' recommendations to avoid chronic use of this drug class. There was also no mention of insomnia or how effective Lunesta was. Therefore, this request for Lunesta 2 mg #30 will be considered medically unnecessary.