

<b>Case Number:</b>	CM15-0200446		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	05/28/2004
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 28, 2004. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve a request for Lunesta. The claims administrator referenced a September 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 11, 2015 office visit, the applicant reported ongoing complaints of neck and low back pain with derivative complaints of insomnia. the applicant was using a variety of oral topical medications, it was acknowledged, including Fexmid, Lunesta, Maxalt, Nalfon, Prilosec, Ultram, Norco, a flurbiprofen containing cream, and a capsaicin-containing cream, the treating provider reported, several of which were renewed and/or continued, including the Lunesta at issue. The applicant was placed off of work, on total temporary disability. The note, it was incidentally noted, was some 9 pages long.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, 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) Mental Illness & Stress, Eszopicolone (Lunesta).

**Decision rationale:** No, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODGs Mental Illness and Stress Chapter Eszopiclone topic notes that Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, thus, the renewal request for 30 tablets of Lunesta was seemingly at odds with the ODG position against long-term usage of the same. Therefore, the request was not medically necessary.