

<b>Case Number:</b>	CM15-0201436		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	05/11/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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  
 Certification(s)/Specialty: Emergency 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 37 year old male with a date of injury on 05-11-2015. The injured worker is undergoing treatment for low back pain, myofascial pain syndrome, costochondritis and transient insomnia. A physician note dated 07-07-2015 documents the injured sleeps only about 5 hours a night and awakes 3-4 times a night. Lunesta was recommended. A physician progress note dated 09-01-2015 documents the injured worker has pain that is manageable. He stated that 3 weeks ago he had bright red blood in his stools. Naproxen, Omeprazole is put on hold. Treatment to date has included diagnostic studies, physical therapy, and medications. A lumbar Magnetic Resonance Imaging done on 07-10-2015 revealed L3-4 minor posterior disc bulge, L4-5 ligamentum flavum hypertrophy imprinting on the thecal sac, L5-S1 broad based disc protrusion with annular tear. He is taking Lunesta (07-07-2015) for sleep. The Request for Authorization dated 09-01-2015 includes Lunesta 1mg #30 (DOS: 09/01/2015). On 09-18-2015 Utilization Review non-certified the request for Retrospective Lunesta 1mg #30 (DOS: 09/01/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Lunesta 1mg #30 (DOS: 09/01/2015): 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 (Chronic): Eszopicolone (Lunesta) (2015).

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

**Decision rationale:** The requested Retrospective Lunesta 1mg #30 (DOS: 09/01/2015), is not medically necessary. CA MTUS is silent and ODG, Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is "Not recommended for long-term use"; and "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." The injured worker sleeps only about 5 hours a night and awakes 3-4 times a night. Lunesta was recommended. A physician progress note dated 09-01-2015 documents the injured worker has pain that is manageable. He stated that 3 weeks ago he had bright red blood in his stools. Naproxen, Omeprazole is put on hold. Treatment to date has included diagnostic studies, physical therapy, and medications. A lumbar Magnetic Resonance Imaging done on 07-10-2015 revealed L3-4 minor posterior disc bulge, L4-5 ligamentum flavum hypertrophy imprinting on the thecal sac, L5-S1 broad based disc protrusion with annular tear. He is taking Lunesta (07-07-2015) for sleep. The treating physician has not documented details of current insomnia nor sleep hygiene modification attempts, nor rule out other causes of insomnia. The criteria noted above not having been met, Retrospective Lunesta 1mg #30 (DOS: 09/01/2015) is not medically necessary.