

<b>Case Number:</b>	CM15-0202473		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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, Oregon,  
Washington Certification(s)/Specialty: Orthopedic  
Surgery

### 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 21 year old female, who sustained an industrial injury on 8-17-12. She reported low back pain. The injured worker was diagnosed as having chronic low back pain, L4-5 stenosis, L5-S1 annular tear, status post L4-5 discectomy, L3-4 facet arthropathy, and insomnia. Treatment to date has included lumbar surgery in July 2014, physical therapy, epidural steroid injections, lumbar medial branch blocks, and medication including Norco, Eszopiclone, Amrix, and Melatonin. The injured worker had been taking Eszopiclone since March 2015. On 9-22-15, the injured worker complained of low back pain and bilateral thigh pain. The treating physician requested authorization for Eszopiclone 3mg #30. On 10-9-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eszopiclone 3mg quantity 30 one tablet by mouth every day for the Thoracic/Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Eszopiclone (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 and stress chapter, Lunesta.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of Lunesta (eszopiclone). According to the ODG, Mental Illness and stress chapter, Lunesta is, "Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers." In this case there is lack of documentation from the exam note of 9/22/15 of insomnia to support Lunesta. Therefore, the request is not medically necessary and the determination is for non-certification.