

<b>Case Number:</b>	CM15-0204847		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	12/26/2009
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 33 year old female, who sustained an industrial injury on 12-26-2009. The injured worker is currently working. Medical records indicated that the injured worker is undergoing treatment for chronic lower back pain status post laminectomy and partial discectomy, lumbar radiculopathy, coccydynia, right groin pain, depression, and insomnia. Treatment and diagnostics to date has included lumbar spine surgery and medications. Recent medications have included Lyrica, MS Contin, Oxycodone, Valium, Belsomra, Cymbalta, and Percocet. Subjective data (05-07-2015 and 08-31-2015), included back and bilateral leg pain. Objective findings (08-31-2015) included tenderness to palpation across the lower back and coccyx with decreased lumbar spine range of motion. The request for authorization dated 09-28-2015 requested office visit, medication, and urine drug screen. The Utilization Review with a decision date of 10-08-2015 denied the request for Lunesta 1mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 1mg Qty: 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 and stress chapter, Lunesta.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of Lunesta. 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 8/31/15 of insomnia to support Lunesta. Therefore the determination is for non-certification, not medically necessary.