

<b>Case Number:</b>	CM15-0205896		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/08/2015
<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: North Carolina  
 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:

The injured worker is a 53 year old male, who sustained an industrial injury on 12-16-2009. The injured worker is undergoing treatment for: lumbosacral strain and sprain, lumbosacral discogenic disease, right shoulder tendinopathy and strain and sprain, right shoulder rotator cuff tear, and sleep disturbance secondary to pain. On 9-24-15, he reported low back and right shoulder pain. He also reported insomnia related to pain. He indicated his sleep duration is 5 hours, and described his sleep quality as poor. There is no documented sleep assessment in the examination. 10-1-15, he reported low back and right shoulder pain. He rated his low back pain 7-8 out of 10 and right shoulder pain 7 out of 10. He indicated at his last visit his pain was 8 out of 10 for his back and right shoulder. He denied radiating pain. Objective findings revealed tenderness, spasm and restricted range of motion in the lumbar spine, tenderness, spasm, and restricted range of motion of the right shoulder, positive impingement and supraspinatus testing of the right shoulder. There is no sleep assessment documented. The treatment and diagnostic testing to date has included: medications, urine toxicology (4-30-15, 6-1-15, 7-14-15, 10-1-15), multiple sessions of chiropractic, physical therapy and acupuncture. Medications have included: Norco, Lisinopril, Temazepam (for sleep). The records indicate he has been utilizing Lunesta since at least September 2015, possibly longer. Current work status: permanent and stationary. The request for authorization is for: Eszopiclone 3mg quantity 30 with no refills. The UR dated 10-7-2015: non-certified the request for Eszopiclone 3mg quantity 30 with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eszopiclone 3mg #30 with no refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore the request is not medically necessary.