

<b>Case Number:</b>	CM15-0206435		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	06/10/2015
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Pennsylvania

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 was a 43 year old female, who sustained an industrial injury, June 10, 2015. The injured worker was undergoing treatment for contusion of the head, post-concussion syndrome, major depressive disorder single episode, and generalized anxiety disorder with panic attacks, psychological factors affecting medical condition, headaches, dizziness and giddiness. According to progress note of September 14, 2015, the injured worker's chief complaint was depression, anxiety, irritability and insomnia. The injured worker had also developed stress intensified medical symptoms with worsening headaches, nausea, shortness of breath, chest pain, abdominal pain, abdominal cramping and diarrhea. The injured worker was also experiencing post-concussive symptoms of headaches, blurred vision, grogginess, dizziness, faintness, loss of balance, phobia to bright light, noises and impaired cognition. The injured worker was having difficulty staying asleep and falling asleep due to depression, anxiety and worry. Because of the insomnia the injured worker was experiencing excessive daytime sleepiness, morning headaches, trouble concentrating and a change in personality. The evaluation found the injured worker to be depressed, anxious, withdrawn, confused and overwhelmed to work. The injured worker previously received the following treatments Tylenol, Anaprox, Flexeril, Buspar and Sertraline. The RFA (request for authorization) dated September 14, 2015, the following treatments were requested a new prescription for Lunesta 3mg tablets at hour of sleep. The UR (utilization review board) denied certification on September 29, 2015; for a prescription for Lunesta 3mg #30 with 2 refills modified to Lunesta 3mg #15 with no refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg qty: 30 with 2 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 (ODG), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress/: Eszopicolone (Lunesta).

**Decision rationale:** Lunesta and other hypnotics are not recommended for long term use but are recommended for short term use. Hypnotics should be limited to three weeks maximum in the first 2 months of injury only, and use should be discouraged in the chronic phase. There is also concern that Lunesta and other hypnotics may increase pain and depression over the long term. The recommended starting dose is 1 mg. Lunesta is not medically necessary in this case given that this worker is in the chronic phase. The request for 30 days with 2 refills is longer than necessary. Furthermore the requested dose of 3 mg is higher than the recommended starting dose of 1 mg, and is not medically necessary.