

<b>Case Number:</b>	CM15-0024485		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	11/11/2005
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on 11/11/05. The injured worker has complaints of right knee pain. She reports having difficulty sleeping as a result of her chronic pain and uses Lunesta once per day. The diagnoses have included status post right knee arthroscopy with continued pain; osteochondritis dissecans with significant changes, right knee and status post right knee arthroscopy, meniscectomy, chondroplasty. The documentation noted that she does do physical therapy. According to the utilization review performed on 1/16/15, the requested Lunesta 3mg #30 has been modified to Lunesta 3mg #20. Official Disability Guidelines, Pain Chapter and Insomnia Treatment were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental & Stress Chapter states: Eszopicolone (Lunesta).

**Decision rationale:** The 53 year old patient presents with right knee pain, rated at 5/10, and left foot pain and left leg weakness, rated at 3/10, as per progress report dated 01/06/15. The request is for LUNESTA 3 mg # 30. The RFA for this case is dated 01/06/15, and the patient's date of injury is 11/11/05. The patient is also suffering from insomnia and constipation, as per progress report dated 01/06/15. The patient is status post right knee arthroscopy, menisectomy and chondroplasty on 07/03/14, and has also been diagnosed with complex regional pain syndrome. The patient's work status has been determined as permanent and stationary, as per the same progress report. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." In this case, a prescription for Lunesta is first noted in progress report dated 11/18/14, and the patient has been taking the medication at least since then. In progress report dated 01/06/15, the treater states that the patient has been diagnosed with insomnia and uses Lunesta to manage the condition. The treater also states that the dose has been "decreased from last month for weaning." There is no documentation of efficacy. Additionally, Lunesta is also not indicated for a long-term use. Hence, the current request of # 30 IS NOT medically necessary.