

<b>Case Number:</b>	CM15-0210317		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	01/12/2002
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 72 year old male, who sustained an industrial injury on 02-12-2002. Medical records indicated that the injured worker is undergoing treatment for post lumbar and cervical laminectomy syndrome, cervicgia, lumbar radiculopathy, peripheral neuropathy, chronic pain syndrome, and depression-anxiety. Treatment and diagnostics to date has included cervical and lumbar spine surgeries, pain pump, and medications. Recent medications have included Norco, Lunesta (since at least 03-11-2015), Linzess, Lidoderm, Baclofen, Clonazepam, Amitiza, Omeprazole, and Fentanyl via intrathecal pump. Subjective data (08-13-2015 and 09-15-2015), included pain in bilateral legs, neck, right shoulder, bilateral buttocks, thoracic spine, bilateral low back, and abdomen. Objective findings (09-15-2015) included the injured worker being "in no acute distress". The request for authorization dated 09-29-2015 requested Baclofen, Constulose, Linzess, Lyrica, Lunesta 2mg oral tablets 1 tablet by mouth at bedtime as needed for insomnia #30, and Norco. The Utilization Review with a decision date of 10-06-2015 non-certified the request for Lunesta 2mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 2mg #30:** Overturned

**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 (Chronic).

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

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the updated versions support the use of some hypnotic medications for persistent insomnia associated with chronic pain. The Guidelines support the long-term use of Lunesta, but the Guidelines do not provide specifics regarding what is considered as adequate effectiveness. There are continued difficulties with sleep, but it is much improved with Lunesta as there was reported to be only 2 hours of sleep prior to the use of Lunesta. It is clearly documented that this individual is not currently sleeping during the day, which strongly supports the benefits of Lunesta with improved sleep at night. Under these circumstances, the Lunesta 2mg #30 is supported by Guidelines and is medically necessary.