

<b>Case Number:</b>	CM15-0212117		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	08/16/2005
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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, Hawaii  
 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 37 year old female who sustained an industrial injury 08-16-05. A review of the medical records reveals the injured worker is undergoing treatment for chronic left shoulder pain. Medical records (08-31-15) reveal the injured worker complains of left shoulder and mid back pain, which is not rated. The physical exam (08-31-15) reveals a flat affect. There is no physical examination of the left shoulder documented. Prior treatment includes left shoulder surgery, and medications including Celebrex, Norco, and Prilosec. The original utilization review (10-01-15) non-certified the request for Lunesta 3mg #30. There is no documentation of the injured worker having sleep difficulties or of the addition of Lunesta to the medication regimen.

### 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 Official Disability Guidelines (ODG), Pain - Insomnia/Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress chapter, Eszopiclone.

**Decision rationale:** The patient presents with low back pain and throbbing in the legs. The current request is for Lunesta 3mg #30. The report making the request was not made available. However, the UR letter dated 10/01/2015 (8B) states, "He took Omeprazole due to heartburn. Also, he took Lunesta three to four times a week. A note indicated that the patient felt he needed it every night." The MTUS and ACOEM Guidelines are silent with regard to this request. However, the ODG Guidelines on eszopiclone -Lunesta-states, "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." In addition, MTUS page 60 on medications for chronic pain states that a record of pain and function with medication should be recorded. While the patient notes benefit with Lunesta use, it appears that he has been taking Lunesta for longer than 3 weeks. The ODG Guidelines recommend only short-term use of Lunesta. The current request is not medically necessary.