

<b>Case Number:</b>	CM15-0214734		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	04/01/2015
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Emergency 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 21 year old male with a date of injury on 04-01-2015. The injured worker is undergoing treatment for contusion of the left elbow and left wrist, status post laceration of the left elbow and left wrist, cervical degenerative disc disease, left sternocleidomastoids sprain-strain, thoracic sprain-strain, lumbar degenerative disc disease, left lower extremity radiculitis, left lower extremity weakness, left knee sprain-strain, and left meniscal injury. A physician progress note dated 09-21-2015 documents the injured worker complains of chronic neck, lower back, left knee, wrist, and elbow and shoulder pains. He rates his pain as 7 out of 10, and he had taken no medications yet on this date. He sleeps about 4-5 hours and wakes up due to pain in his back. He is attending acupuncture weekly with good relief of cervical spine and thoracic strain pain. There is tenderness to palpation to the cervical spine and Tinel's and Phalen's are positive. Straight leg raise is positive. Treatment to date has included diagnostic studies, medications, acupuncture, and physical therapy, use of a heating pad, elbow brace, thumb spica, and Theracan. The treatment plan includes Lunesta. On 10-08-2015 Utilization Review non-certified the request Retrospective request for Eszopiclone 1mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Eszopiclone 1mg #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, Pain (Chronic) Insomnia treatment.

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

**Decision rationale:** There is no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. eszopiclone is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Long-term use may lead to dependency. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. Documentation states that issue with sleep appears to be due to pain. Primary issue with pain should be addressed and other conservative measures attempted before attempt pharmacologic intervention. Therefore, the request is not medically necessary.