

<b>Case Number:</b>	CM15-0219025		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	03/17/2009
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 65 year old male with an industrial injury dated 03-17-2009. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral impingement syndrome with bicipital tendinitis and bilateral medial and lateral epicondylitis bilateral wrist joint inflammation, radioulnar inflammation, ulnar neuritis , bilateral carpal tunnel syndrome status post decompression on the right, reflux, constipation and depression. According to the progress note dated 10-09-2015, the injured worker presented for ongoing bilateral wrist complaints. Pain level was not documented in report. The injured worker reported numbness and tingling and loss of grip, with no sleep complaints documented. Objective findings (10-09-2015) revealed tenderness along the carpal tunnel area and cubital tunnel with Tinel's at the elbows. Tenderness over the medial and lateral epicondyle surfaces on the right and the left were also noted on exam. Treatment has included nerve studies, Magnetic Resonance Imaging (MRI) of the left elbow, prescribed medications, 5 injections to lateral epicondylitis on the right and 3 on the left, braces, hot and cold wrap, elbow extension splint and elbow pads, and periodic follow up visits. The treating physician reported that the 10-panel urine drug screen performed in July 2015 was positive for tramadol and appropriate. The treatment plan included medication management. The treating physician prescribed new prescription for Lunesta for sleep. The utilization review dated 10-21-2015, non-certified the request for Lunesta Tab 2 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta Tab 2 mg # 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and stress chapter, Lunesta.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of Lunesta. According to the ODG, Mental Illness and stress chapter, Lunesta is, "Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers." In this case there is lack of documentation from the exam note of 10/9/15 of insomnia to support Lunesta. ODG recommends use of Lunesta if indicated for three weeks maximum in the first two months of injury only (DOI was 3/17/09). Therefore the prescription is not medically necessary and the determination is for non-certification.