

<b>Case Number:</b>	CM15-0223963		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 49 year old female who sustained an industrial injury on 04-04-2014. A review of the medical records indicated that the injured worker is undergoing treatment for cervical sprain and strain, cervical radiculopathy and bilateral carpal tunnel syndrome. According to the treating physician's progress report on 09-15-2015, the injured worker continues to experience bilateral wrist and hand pain rated at 6-7 out of 10 and cervical pain with headaches rated at 7 out of 10 on the pain scale. There was no documentation of sleep disturbances. Examination of the cervical spine demonstrated tenderness and spasm of the paraspinal musculature with positive Spurling's. Range of motion was noted as flexion 50 degrees, extension at 20 degrees and bilateral lateral tilt at 30 degrees and right rotation at 60 degrees. The upper extremities noted sensation, deep tendon reflexes and vascular pulse intact with motor strength noted 5 minus out of 5 of the upper extremities. The bilateral wrists demonstrated a positive Tinel's and Phalen's with diminished sensation at the median nerve distribution. Prior treatments have included diagnostic testing, failed C4-5 epidural steroid injection and medications. Current medications were listed as Percocet, Naproxen, Zanaflex, Pantoprazole and Lunesta (prescribed in 09-2015). Treatment plan consists of follow-up with pain management, continuing medications and the current request for Eszopiclone 3mg #30. On 10-22-2015, the Utilization Review determined the request for Eszopiclone 3mg #30 was not medically necessary. The patient's surgical history includes left CTR in 2005. The patient had MRI of the cervical spine that revealed disc protrusion and degenerative changes on 7/3/14. A recent detailed psychiatric examination was not specified in the records provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Eszopiclone 3 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 12/02/15)Mental Chapter. Mental Illness & Stress (updated 11/24/15)Eszopiclone (Lunesta).

**Decision rationale:** Request: Eszopiclone 3 MG #30 LUNESTA (eszopiclone) is a nonbenzodiazepine hypnotic agent is a sedative and is used to treat insomnia that is a pyrrolopyrazine derivative of the cyclopyrrolone class. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Not recommended for long-term use, but recommended for short-term use." A detailed history of anxiety or insomnia was not specified in the records provided. Trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. As per cited guidelines for this type of medication, "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term" Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken." Per the cited guideline use of this medication can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Eszopiclone 3 MG #30 is not fully established in this patient.