

<b>Case Number:</b>	CM15-0032628		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: 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 42 year old, female patient, who sustained an industrial injury on 10/08/2012. A primary treating office visit dated 01/13/2015, reported current complaints of bilateral wrist pains that radiate up into the shoulder and back. The patient noted stabbing sensations to the left shoulder and entire back. She also noted numbness throughout the arms, wrists and hands. She experiences aching, pins and needles of the right arm. The following medications are prescribed; Clonazepam, Lunesta and Percocet. The patient is deemed permanent and stationary. Treatment recommendations noted the patient having classic signs of complex regional pain syndrome in the right upper extremity. A request was made for Lunesta 1mg #30. On 01/30/2015, Utilization Review, non-certified the request, noting the ODG, Sleep Disturbances, pharmacological agents were cited. The injured worker submitted an application for independent medical review of requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 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, Mental Illness and Stress, Eszopicolone.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of insomnia in UpToDate.com.

**Decision rationale:** This patient receives treatment for chronic wrist pain, shoulder and neck pain. The current diagnosis is complex regional pain syndrome. The patient takes clonazepam (a benzodiazepine) and Percocet, an opioid. The physician recommends Lunesta for difficulty sleeping. Most experts on insomnia advise caution when prescribing hypnotic agents to manage insomnia. Both the benzodiazepines and the non-benzodiazepines produce a number of undesirable side effects, such as, confusion, dependence, seizures when withdrawn abruptly, and tolerance. The concomitant use of a benzodiazepine (clonazepam) and excitalopram is not recommended. In addition, there was no documentation of the common side effects of Lunesta, such as headache, dizziness, parasomnias, and next-day impairment. There was no sleep diary information discussing either efficacy or any of these potential side effects. Lunesta is not medically indicated.