

<b>Case Number:</b>	CM15-0035296		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	10/02/2007
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: 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:

This 64 year old male sustained an industrial injury to the right shoulder and left elbow on 10/2/07. The injured worker was treated for ongoing chronic pain and posttraumatic stress disorder. The injured worker recently underwent treatment for a Clostridium difficile infection. In a PR-2 dated 1/26/15, the injured worker complained of pain to the lumbar spine, right shoulder and left elbow. The injured worker reported a history of insomnia and anxiety. Current diagnoses included pain management, insomnia and anxiety. The treatment plan included continuing Morphine Sulfate, starting Lunesta and a psychiatric referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Lunesta:** 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), Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, for Insomnia treatment pain chapter, for Eszopicolone (Lunesta).

**Decision rationale:** The 2/16/15 Utilization Review letter states the Unknown prescription of Lunestra requested on the 1/26/15 medical report was denied because the patient has depression, suicidal ideation and difficulty with memory, and Lunestra has been shown to impair memory and may increase pain and depression. Thus, it does not appear the potential benefits outweigh the risks in this case. According to the handwritten 1/26/15 report, the patient presents with pain in the lumbar spine, right shoulder, left elbow and has history of insomnia and anxiety. The diagnoses include: pain management; insomnia; anxiety. The plan was to refill morphine sulfate, continue psych care and start Lunestra (difficult to read). The prescription for Lunestra is incomplete. The dose, frequency, duration/total number of tablets was not provided. MTUS/ACOEM did not discuss Lunestra or insomnia treatment. ODG guidelines were consulted. ODG pain chapter, for Insomnia treatment: Recommend that treatment be based on the etiology, with the medications recommended below. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. ODG pain chapter, for Eszopicolone (Lunesta), not recommended for long-term use, but recommended for short-term use. The prescription for Lunestra is incomplete, the duration is not provided. ODG guidelines state pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The provided records did not include any examination or history discussing insomnia or address sleep onset, maintenance, quality, or next day functioning. The use of Lunestra, in this case, is not in accordance with ODG guidelines. The request for the unknown prescription of Lunestra IS NOT medically necessary.