

<b>Case Number:</b>	CM15-0036367		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/20/2015
<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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 60-year-old man sustained an industrial injury on 5/27/2010. The mechanism of injury is not detailed. Current diagnoses include cervical disc degeneration, cervical radiculopathy, lumbar disc displacement, lumbar radiculopathy, lumbar spinal stenosis, right knee pain, and chronic pain. Treatment has included oral medications and surgical intervention. Physician notes dated 12/30/2014 show complaints of neck pain, low back pain, and lower extremity pain rated 8/10. Recommendations include refilling of medications. A request for authorization from orthopedics dated 12/24/2014 listed the medications only. A formal request for authorization form dated 1/6/2015 was noted to have Eszopiclone listed. No rationale was found. On 1/20/2015, Utilization Review evaluated a prescription for Eszopiclone 1mg #25, one at bedtime as needed for sleep to allow for weaning, that was submitted on 2/25/2015. The UR physician noted that the worker has been taking this medication long term, which is not recommended. However, abrupt discontinuation is not recommended. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eszopiclone 1 mg Qty 30, 1 at bedtime as needed for sleep to allow for weaning:** 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): Pain section, 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 (ODG) Mental illness and stress-Eszopicolone (Lunesta).

**Decision rationale:** Eszopiclone 1 mg Qty 30, 1 at bedtime as needed for sleep to allow for weaning is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that Lunesta (Eszopiclone) is not recommended for long-term use, but recommended for short-term use. The ODG recommends 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 may. There is also concern that they may increase pain and depression over the long-term. The request as written is not clear on a weaning protocol as it is written to take "as needed." The rationale for 30 pills is not clear. Without clarification of this weaning protocol, the request as written is not medically necessary.