

<b>Case Number:</b>	CM15-0040439		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	04/17/1996
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 53 year old woman sustained an industrial injury on 4/17/1996. The mechanism of injury is not detailed. Current diagnoses include neurlgia, carpal tunnel syndrome, cervcial spine radiculopathy, chronic pain syndrome, insomnia, chronic migraine without aura, and opioid dependence. Treatment has included oral medications and bilateral wrist braces. The worker has been weaned off MS Contin and Oxycodone in favor of Nucynta. Physician notes dated 1/5/2015 show complaints of upper extremity symptoms, difficulty sleeping and migraines. Pain is rated 10/10 without medications and 6/10 with medications. The worker states that without sleep, the migraines are worse. Recommendations include urine drug screen, discontinue Ambien and begin Lunesta, consultation with neurologist for migraine evaluation and management, and continue current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 2 MG #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain & mental/stress chapter, Eszopicolone (Lunesta).

**Decision rationale:** Per the most recent report provided dated 01/15/15 the patient presents with difficulty sleeping, migraines, upper extremity symptoms, chronic migraine without aura, and opioid dependence. The current request is for LUNESTA 2mg #30. The RFA is not included; however, the 01/29/15 utilization review states RFA's dated 12/15/14 and 01/21/15 were reviewed. The report does not state if the patient is working. ODG insomnia chapter guidelines state that this medication has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. ODG guidelines pain chapter and mental chapter state the medication is not recommended for long-term use. The 01/05/15 treatment plan for insomnia states the patient is stopping use of Ambien CR which has improved the patient's sleep by 4 hours a night due to the recommendation of the insurance company that the patient trial Lunesta. The reports show the patient has been prescribed Ambien since 08/18/14, and the patient states that without Ambien she would be unable to sleep at all. In this case, Lunesta is indicated for this patient's insomnia, is approved for short-term use, is just being started, and this request is for #30. The request IS medically necessary.