

<b>Case Number:</b>	CM15-0051231		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Arizona, 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 46-year-old male who sustained an industrial injury on 1/20/11 when he lifted a stock pot resulting in excruciating neck pain with radiation to his right upper extremity. He has anterior cervical discectomy (4/17/13) and post-operative physical therapy. He currently complains of left hip pain that radiates down to the anterior left thigh to the knee. He also is experiencing difficulty swallowing and had barium swallow which revealed an anterior filling defect in the proximal cervical esophagus. Medications are Vicodin, Flexaril, Klonopin, Lunesta, ibuprofen, gabapentin and medications for hypertension. Diagnoses include chronic intractable axial neck pain; neck sprain/ strain; right parascapular pain; biceps pain; dorsoradial forearm pain with radiation to the thumb, index finger and middle finger; status post cervical spine surgery. Treatments to date include medications, physical therapy which aggravated his neck and were discontinued. Diagnostics include electromyography (no date) normal and electromyography/ nerve conduction study (2/11/15) incomplete study; barium swallow (7/23/14); cervical spine x-rays (9/11/14, 10/7/14). In the progress note dated 3/2/15 the treating provider's plan of care included refill on Lunesta for sleep disruption due to cervical spine issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #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), Mental Illness and Stress, Eszopiclone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, insomnia- pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant had been on Lunesta for over 6 months. Although, Lunesta is indicated for longer use than most other insomnia medications. Long-term use of Lunesta is not recommended. In this case, there was no mention of failure of behavioral modification. The sleep disturbance was primarily due to neck pain rather than a sleep disorder. The continued use of Lunesta is not recommended and not medically necessary.