

<b>Case Number:</b>	CM15-0085798		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: North Carolina, Georgia  
 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 54 year old male who sustained a work related injury March 24, 2014. While cleaning 200 tables using his right arm, he began to notice severe and sharp right shoulder pain. An MRI of the right shoulder revealed a SLAP tear. He was treated with TENS unit, ice, traction, ibuprofen and a right shoulder injection. According to a physician's follow-up visit dated April 2, 2015, the injured worker presented with complaints of neck and right shoulder pain, rated 7/10. The pain is characterized as burning and radiates to the right arm, right elbow, and right hand. Current medications included Cyclobenzaprine, Lunesta, Omeprazole, Senokot and Tramadol. He stopped going to acupuncture treatment due to increasing pain in his right shoulder. Diagnoses are brachial neuritis or radiculitis, not otherwise specified; sprains and strains of the shoulder and upper arm not otherwise specified; pain in joint of shoulder. Treatment plan included orthopedic consultation for cervical spine, and medications and at issue, request for Lunesta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 1 mg #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), Lunesta.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatments.

**Decision rationale:** The CA MTUS is silent on the use of Lunesta. ODG addresses insomnia treatments in the section on pain. ODG states that treatment should be based on the etiology of the insomnia. Pharmacologic agents should be used only after a careful investigation for cause of sleep disturbance. Primary insomnia should be treated with pharmacologic agents while secondary insomnia may be treated with pharmacologic and/or psychological measures. It is important to address all four components of sleep onset, sleep maintenance, sleep quality and next day function. Lunesta is recognized as the only benzodiazepine based sleep aid, which is FDA, approved for use greater than 35 days. In this case, the medical records do not detail any history of the insomnia or response to treatment with Lunesta. Therefore, there is no documentation of the medical necessity of treatment with Lunesta and the UR denial is not medically necessary.