MAXIMUS Federal Services

| Case Number: | CM14-0131260 | | |
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| Date Assigned: | 08/20/2014 | Date of Injury: | 06/16/2004 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

## 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. The expert reviewer is Board Certified in Physical medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 58-year-old male who reported an injury on 06/16/2004. The mechanism of injury was not provided within the medical records. The clinical note dated 08/26/2014 indicate a diagnoses of status post procedure for discogenic disease, mild disc desiccation of L3-4 and L5-S1, spondylolisthesis L3-4, moderate to severe disc collapse of L5-S1, status post lateral fusion L3-4, and status post spinal cord stimulator trail of 02/2012. He reported difficulty with severe pain in the low back that radiated into the groin and lower extremities. He reported inability to sleep that persisted, and was due to inability to find a comfortable position at night. The injured worker's reported prescription for Lunesta had been denied by Utilization Review back in July. He reported without medications he would essentially be bedridden and unable to access the community or care for himself at his home. He denied negative side effects with medication, including sedation, cognitive impairment, or constipation. He reported there were no apparent drug behaviors and he used the medication as prescribed. The provider reported he would be provided with refill prescriptions for his current medications. The provider reported the lowest prescribed dose is being prescribed and there would be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. He had signed a treatment contract with the documents and an understanding and willingness to abide by the expectation of opioid use. His prior treatments included diagnostic imaging, surgery, and medication management. The medication regimen included Lunesta and Oxycodone HCL. The provider submitted a request for Lunesta. A Request for Authorization dated 08/262014 was submitted for Lunesta; however, a rationale was not provided for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Pain (Chronic).

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

**Decision rationale:** The Official Disability Guidelines recommend insomnia treatment based on the etiology, with the appropriate medications. The Official Disability Guidelines recognize Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. Not recommended for long-term use, but recommended for short-term use. The injured worker has been utilizing Lunesta since at least 01/09/2014. This exceeds the guidelines recommendation for short term use. In addition, the request does not indicate a frequency for the Lunesta. Therefore, the request for Lunesta 3mg #30 with 3 refills is not medically necessary.