

<b>Case Number:</b>	CM14-0142408		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/18/2007
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 50 year old male with a reported date of injury on 09/18/2007. The mechanism of injury occurred while removing old bolts from a valve and felt pain to his right elbow. The diagnoses included pain in the joints and lateral epicondylitis. The past treatments included pain medication and physical therapy. The subjective complaints on 09/02/2014 included pain to the right elbow and right forearm with no numbness or tingling. The physical examination noted tenderness along the brachioradialis and full range of motion to the right elbow with pain. The medications included Lunesta, Percocet, Ibuprofen, and Voltaren gel. The notes indicate that the injured worker has been on Lunesta since at least 05/27/2014. The treatment plan is to continue medications. A request was received for Eszopicolone (Lunesta) 3mg #30 x 3 Refills. The rationale was to reduce insomnia. The request for authorization form was dated 09/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eszopicolone (Lunesta) 3mg #30 x 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 Guidelines: Pain Chapter Updated 7/10/14: Eszopicolone (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 treatment.

**Decision rationale:** The Official Disability Guidelines state Lunesta is not recommended for long-term use, but recommended for short-term use not to exceed 10 days. The injured worker has chronic pain and insomnia. The notes indicate that he has been on Lunesta since at least 05/27/2014 which exceeds the guideline recommendation of 10 days. Additionally the request as submitted did not provide a medication frequency. As the injured worker has been on Lunesta longer than the recommend duration the request is not supported. As such, the request for Eszopicolone (Lunesta) 3mg #30 x 3 Refills is not medically necessary.