

<b>Case Number:</b>	CM14-0182625		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	05/05/2003
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, foot, hand, and neck pain reportedly associated with an industrial injury of May 3, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; multilevel lumbar spine surgery; cervical fusion surgery; opioid therapy; sleep aids; unspecified amounts of physical therapy; unspecified amounts of acupuncture; a TENS unit; epidural steroid injection therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 22, 2014, the claims administrator failed to approve a request for Lunesta. The applicant's attorney subsequently appealed. In a progress note dated November 12, 2014, the applicant reported ongoing complaints of neck and low back pain, exacerbated by bending and lifting. The applicant's stated that Lunesta was ameliorating her ability to sleep. The applicant was using Norco and tizanidine for pain relief. The applicant was apparently performing various activities of daily living, including exercises thrice weekly and/or walking her dog. The applicant's complete medications included Pepcid, hydralazine, Zestril, Tenormin, Mevacor, Lasix, Norco, Lunesta, and tizanidine. The applicant was using marijuana and was a former smoker, it is further noted. Urine drug testing was performed. The applicant was given a refill of Lunesta and also asked to try Ambien. Both Norco and tizanidine were also refilled. In an earlier note dated October 1, 2014, the applicant was described as already permanent and stationary. The applicant was still having complaints of multifocal pain, 6-7/10, with associated numbness about the feet and weakness about the hands. The applicant was using Norco, tizanidine, and Lunesta; it was noted on this occasion. On June 2, 2014, it was again stated that the applicant was using Norco, Lunesta, tizanidine, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg 1 tablet po QHS #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- Treatment for Workers' Compensation, Online Edition Mental Illness & Stress Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. MTUS Chronic Pain Medical Treatment Guidelines, page 7, Functional Restoration Approach to Chronic Pain Management section. 2. ODG Mental Illness and Stress Chapter, Eszopicolone topic.

**Decision rationale:** While the MTUS does not specifically address the topic of Lunesta usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of applicant-specific variable such as "other medications" into his choice of recommendations. Here, however, the attending provider has not clearly outlined why the applicant's need to use two separate sleep aids, Lunesta and Ambien. Furthermore, ODG's Mental Illness and Stress Chapter Eszopicolone topic notes that Lunesta is not recommended for long-term use purposes but, rather, recommended for short-term use. Here, however, the applicant appears to have been using Lunesta for what appears to be a span of several months. Such usage is incompatible with the ODG position on the same. The attending provider has failed to furnish any compelling applicant-specific rationale or medical evidence which would support long-term usage of Lunesta and/or ongoing usage of Lunesta in conjunction with Ambien usage. Therefore, the request is not medically necessary.