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| <b>Case Number:</b>   | CM14-0186099 |                              |            |
| <b>Date Assigned:</b> | 11/14/2014   | <b>Date of Injury:</b>       | 05/09/2009 |
| <b>Decision Date:</b> | 12/22/2014   | <b>UR Denial Date:</b>       | 10/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/07/2014 |

### 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 Interventional Spine 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 patient is a 51 year old female with an injury date of 05/09/09. Based on the 10/06/14 progress report provided by treating physician, the patient complains of pain to the left knee, low back and the right shoulder. Physical examination to the shoulder revealed tenderness along the rotator cuff is noted. Abduction was 90 degrees, although passive with quite a bit of pain and can get to 110 degrees. She has negative drop arm test, but quite a bit of pain in that distribution and along the proximal aspect of the biceps tendon, weakness to resisted function. Patient also complained of sleep difficulty. She has been prescribed Tramadol in progress reports dated 02/24/14 and 09/05/14. Lunesta was added to Tramadol for sleep, per progress report 10/06/14. Diagnosis 10/06/14 are: - Impingement syndrome of shoulder on the right side. - status post decompression, distal clavicle excision, biceps tendon release and rotator cuff repair indeed with persistent symptomatology- Internal derangement of the knee on the left- Discogenic lumbar condition. The utilization review determination being challenged is dated 10/25/14. Treatment reports were provided from 03/14/13 - 10/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3 mg 30 tablets:** 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), Pain Chapter: Lunesta.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter states: Eszopicolone (Lunesta), See also the Pain Chapter

**Decision rationale:** The patient presents with pain to the left knee, low back and the right shoulder. The request is for Lunesta 3mg 30 tablets. Patient is status post decompression, distal clavicle excision, biceps tendon release and rotator cuff repair indeed with persistent symptomatology. Patient's diagnosis dated 10/06/14 included impingement syndrome of shoulder on the right side, internal derangement of the knee on the left and discogenic lumbar condition. Patient also complained of sleep difficulty. She has been prescribed Tramadol in progress reports dated 02/24/14 and 09/05/14. Lunesta was added to Tramadol for sleep, per progress report 10/06/14. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of Eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Lunesta was added to Tramadol for sleep, per progress report dated 10/06/14. It has been more than two weeks from UR date of 10/25/14. ODG recommends short-term use of up to 3 weeks. Therefore, Lunesta 3 mg 30 tablets are not medically necessary and appropriate.