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| <b>Case Number:</b>   | CM14-0210066 |                              |            |
| <b>Date Assigned:</b> | 12/23/2014   | <b>Date of Injury:</b>       | 02/17/2009 |
| <b>Decision Date:</b> | 03/03/2015   | <b>UR Denial Date:</b>       | 11/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/15/2014 |

### 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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 50 year-old female with date of injury 02/17/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/26/2014, lists subjective complaints as pain in the low back. Objective findings: Patient denied the lumbar spine was tender to palpation. Spasm was not present in the lower lumbar paravertebral muscles bilaterally. Range of motion was within normal limits and did not elicit pain. Straight leg raising test was positive at 45 degrees bilaterally, with pain on the left. Muscle strength was 5/5 bilaterally. Sensation to light touch was decreased in the entirety of the right lower extremity, intact on the left. Diagnosis: 1. Lumbago. 2. Migraine, intractable. 3. Neurogenic bladder. 4. Urinary incontinence. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as three months. Medication: 1. Eszopiclone (Lunesta) 2mg Tablet, #45 SIG: take by mouth at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eszopiclone (Lunesta) 2mg tablet #45:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 (Chronic), Insomnia treatment

**Decision rationale:** The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks. Therefore, the request is not medically necessary.