

<b>Case Number:</b>	CM14-0214661		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/09/1999
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 57 year old male with a date of injury of 08/09/1999 who has chronic neck pain (S/P cervical spine surgery) and low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sumatripan succinate 25mg #9 x 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Imitrex FDA approved package insert

**Decision rationale:** There is no documentation that imitrex is used for the treatment for chronic neck pain or low back pain. There is no documentation of migraine headaches. There is no documentation of a FDA approved indication for Imitrex.

**Lunesta 1mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation 2014 Pain, Eszopiclone (Lunesta)

**Decision rationale:** ODG, 2014 under pain for Eszopiclone (Lunesta) notes, "Not recommended for long-term use, but recommended for short-term use." The long term use of Lunesta in this patient is not consistent with ODG.