

<b>Case Number:</b>	CM15-0004267		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	02/07/2003
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old male with an industrial injury dated 02/07/2003. His diagnoses include status post anterior and posterior spinal fusion from L4 to S1, chronic back pain with radicular symptoms in the left lower extremity and a neuropathic component of pain, severe back spasms, reactive depression, and neuropathic pain. Recent diagnostic testing has included a MRI of the lumbar spine which revealed hardware at the L4-L5 levels without fracture, solid bony fusion across the L4-L5 level and no evidence of instability. He has been treated with medications that include opioids, muscle relaxants, Lunesta for sleep, and laxatives for several months with a history of Lunesta use dating back to May of 2013. In a progress note dated 11/26/2014, the treating physician reports ongoing severe back pain, weakness and numbness in the left leg with shooting pain despite treatment. There was no reports of insomnia noted in this report. The objective examination revealed limited range of motion in the lumbar spine, muscle spasms, decreased sensation in the left lower extremity, slightly decreased strength in the left lower extremity, decreased temperature in the left lower extremity, and atrophy was noted in the left thigh and calf. The treating physician is requesting Lunesta which was modified by the utilization review. On 12/11/2014, Utilization Review modified a prescription for Lunesta 3mg #30 to the approval for Lunesta 3mg #15 , noting that Lunesta is not recommended for long term use and a previous request that was partially certified (11/17/2014) due to long term use. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 01/08/2015, the injured worker submitted an application for IMR for review of Lunesta 3mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg, #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 (ODG), Pain(Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Mental Illness & Stress chapter

**Decision rationale:** The patient has chronic lower back pain and associated left lower extremity pain and paresthesias. The current request is for Lunesta 3mg #30. The attending physician prescribes the Lunesta for insomnia secondary to pain. The ODG guidelines support the usage for Lunesta for short-term usage only, 2-3 weeks. In this case the patient has been prescribed Lunesta since at least 2012, and refill for this medication is not supported by the ODG guidelines. As such, recommendation is for denial.