

<b>Case Number:</b>	CM15-0013230		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	03/29/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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  
 Certification(s)/Specialty: Emergency 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:

This 45 year old male sustained a work related injury on 03/29/2013. According to a progress report dated 12/15/2014 the injured worker complained of continued pain in his low back, neck, right/left knee, left shoulder, left wrist. He also had been feeling numbness in his left upper extremity. The injured worker did home exercise as much as possible. The provider noted "sleep and depression issues no SI". Medications helped with pain 30-40 percent with no side effects. Gastrointestinal upset was controlled with the use of omeprazole. Diagnoses included knee pain, lower back pain, cervicgia/neck pain, shoulder pain and Superior Glenoid Labrum Lesions. Treatment plan included heating pad, Fenoprofen, Omeprazole and Gabapentin, TENS patch, continue self-care, home exercise program and TENS and physical therapy. A cortisone epidural injection was discussed. According to a progress report dated 10/24/2013, the plan of care included a sleep evaluation. The injured worker was having trouble sleeping. On 01/05/2015, Utilization Review non-certified Lunesta 1 mg quantity 30. According to the Utilization Review physician, there was no documentation of current sleep disturbance or sleep hygiene modification attempts. Guidelines cited for this review included the Official Disability Guidelines, Pain. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 1mg, #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, Pain

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

**Decision rationale:** The requested Lunesta 1mg, #30, is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is "Not recommended for long-term use"; and "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." The injured worker was having trouble sleeping. The treating physician has not documented details of current insomnia not sleep hygiene modification attempts, nor rule out other causes of insomnia. The criteria noted above not having been met, Lunesta 1mg, #30 is not medically necessary.