

<b>Case Number:</b>	CM15-0114452		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	12/16/2006
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### 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 61-year-old male, who sustained an industrial injury on 12/16/2006. He reported low back and bilateral hip pain, and was diagnosed with lumbar degenerative disc disease. He was also diagnosed with adjustment disorder with depressed and anxious mood, major depressive disorder and pain disorder associated with medical condition and psychological factors. Treatments to date have included medication, TENS unit, application of heat and a home exercise program. In a progress note of 05/29/2015, he reported improvement in depression, anxiety, and sleep with the use of Lunesta, allowing him to sleep deeply for 5-6 hours on 2mg of this medication. Other medications include Naproxen and Lidoderm patch for pain, and he continues to use a TENS unit. Objective findings were unremarkable. He has been on Lunesta since at least 03/14/2014 for sleep.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement Page(s): 8-9.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Lunesta Official Disability Guidelines Insomnia Treatment.

**Decision rationale:** The patient has been on Lunesta 2mg since at least 12/2014, with reported deep sleep of 5-6 hours. It is unclear at what point dosage was increased, and no rationale was provided as to his insomnia symptoms. Lunesta is the only agent approved for use longer than 35 days and he has apparently benefited, but it is unclear what type of insomnia he suffered from or what symptoms he showed in the first place. This request is therefore not medically necessary.