

<b>Case Number:</b>	CM15-0120637		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Arizona, Michigan

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 injured worker is a 54-year-old female, with a reported date of injury of 09/02/2011. The mechanism of injury was a slip and fall. The injured worker's symptoms at the time of the injury included bleeding around the right knee and her head bounced backward. The diagnoses include cervicogenic headaches, occipital neuralgia, disorder of sleep and arousal secondary to non-restorative sleep, cervical disc disease, neck sprain/strain, cervical radiculopathy, and status post right knee arthroscopy. Treatments and evaluation to date have included a cervical epidural injection on 04/23/2015, oral medications, physical therapy for the right knee and right arm, acupuncture with little benefit, and a right knee arthroscopy on 05/10/2013. The diagnostic studies to date were not included in the medical records. The progress report dated 05/22/2015 indicates that the injured worker underwent a cervical epidural steroid injection on 04/23/2015. She reported 10-15% improvement in symptoms. The injured worker continued to have neck and upper extremity pain, right greater than left. She also complained of pain to the shoulders, hands, right knee, and headaches. Her pain was rated 8-9 out of 10 with medication and 10 out of 10 without medication. The physical examination showed an antalgic gait; bilateral cervical paraspinous tenderness; cervical muscle spasms; cervical flexion at 40 degrees; cervical extension at 30 degrees; and global muscle weakness in the right upper extremity. The injured worker admitted that the medication allowed her to be somewhat active and function. She noted improved ability to perform her activities of daily living. The Amitriptyline was used at bedtime for insomnia and neuropathic pain. The treatment plan included a trial of Eszopiclone 2mg #30 at bedtime for insomnia due to pain. She stated that the Tramadol kept her up and Amitriptyline

caused severe dry mouth. She previously failed Gabapentin. The treating physician requested Eszopiclone 2mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Eszopiclone tablet 2mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Eszopiclone (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 Chapter, Eszopiclone (Lunesta).

**Decision rationale:** MTUS is silent on Eszopiclone (Lunesta). The non-MTUS Official Disability Guidelines indicate that Eszopiclone (Lunesta) is not recommended for long-term use. It is recommended for short-term use. It was noted that the injured worker remained symptomatic with significant insomnia due to pain. There was documentation that the injured worker complained of severe dry mouth with Amitriptyline, which was used for insomnia and pain. The treatment plan included a trial of Eszopiclone; and it was prescribed on 05/22/2015. Therefore, the request for Eszopiclone is medically necessary.