

<b>Case Number:</b>	CM15-0121727		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	04/25/2005
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Texas, New York, California  
 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 applicant is a represented 44-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of April 20, 2005. In a Utilization Review report dated May 29, 2015, the claims administrator failed to approve a request for eszopiclone (Lunesta). The claims administrator referenced an RFA form dated May 21, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On March 20, 2015, the applicant reported ongoing complaints of low back pain, 8/10. The applicant was using naproxen, LidoPro, a TENS unit, and Lunesta, it was reported. The applicant was working on a full-time basis; it was suggested at this point in time. On April 3, 2015, the applicant was described as using Lunesta on an as-needed basis. 7/10 pain complaints were noted. It was not stated how frequently the applicant was using Lunesta at this point. On May 21, 2015, the applicant was again asked to continue naproxen. Thirty tablets of Lunesta were dispensed, as were Neurontin and Lidoderm patches. 8/10 pain complaints were noted. The applicant reportedly stated that Lunesta was beneficial, it was suggested toward the top of the report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eszopiclone 1mg CIV Tab, #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, Eszopicolone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress, Eszopicolone (Lunesta).

**Decision rationale:** No, the request for eszopiclone (Lunesta), a sedative agent, is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that eszopiclone or Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, contrary to what the attending provider asserted, the applicant had seemingly been using Lunesta for a minimum of two to three months as of the date in question, May 21, 2015. Continued usage of the same, thus, did, in effect, represent long-term usage which ran counter to the ODG position on Lunesta. Therefore, the request is not medically necessary.