

<b>Case Number:</b>	CM15-0121812		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old male with an industrial injury dated 11/17/2011. His diagnosis was pain in joint - shoulder, status post right shoulder arthroscopy times 3. Prior treatment included ice, heat, medications, TENS unit, physical therapy and cortisone injection. He presents on 06/08/2015 status post right arthroscopic capsular release, micro fracture of the humeral head and removal of loose bodies. He continues to report significant pain in the right shoulder after experiencing a popping sensation during physical therapy approximately 2 months ago. He states his pain increases significantly at night and he has trouble falling asleep until 3 a.m. He had been taking Ambien which was no longer providing him adequate relief of insomnia. Physical exam noted limited range of motion of the right shoulder with normal muscle tone without atrophy in right upper extremity. Medications included Norco, Naproxen, Prozac and Protonix and Ambien. Treatment plan included medications with a change of Ambien CR to Lunesta. The treatment request is for Eszopiclone (Lunesta) 2 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eszopiclone 2mg #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 - Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

**Decision rationale:** Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. With Eszopicolone (Lunesta), the guidelines state this agent "has demonstrated reduced sleep latency and sleep maintenance." It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the documentation available for review, there is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has response to the medication in question. Furthermore, sleep medications are recommended for short term use only, and the patient has been on ambien, and then Lunesta, for a prolong period of time. Given this, the current request is not medically necessary.