

<b>Case Number:</b>	CM15-0127685		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 70-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 23, 2013. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve a request for Lunesta. An RFA form received on June 17, 2015 was referenced in the determination. The claims administrator referenced an RFA form and an associated office visit of June 17, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 17, 2015 progress note, the applicant reported ongoing complaints of neck pain status post earlier failed cervical spine surgery. The applicant was placed off of work, on total temporary disability. Flexeril and Lunesta were endorsed while the applicant was kept off of work. Norco, Flexeril, and Lunesta were renewed. The applicant's complete medication list was not detailed, making it somewhat difficult to determine whether the request represented a renewal request or a first-time request. On May 6, 2015, the applicant was given refills of Flexeril and Tramadol and placed off of work, on total temporary disability. Once again, the applicant's complete medication list was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Lunesta 1mg #30 DOS 6/17/15: 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), Lunesta.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Eszopicolone (Lunesta).

**Decision rationale:** No, the request for Lunesta, a sedative agent, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, the attending provider's June 17, 2015 progress note was difficult to follow, mingled historical issues with current issues, did not state whether Lunesta was being employed on a first-time basis versus a renewal basis and did not, furthermore, state whether or not usage of Lunesta had or had not proven effectual here. ODG's Mental Illness and Stress Chapter also stipulates that eszopiclone or Lunesta is not recommended for long-term use purposes but, rather, is recommended for short-term use purposes. Here, the 30-tablet supply of Lunesta issued does suggest long-term usage, i.e., usage that runs counter to the ODG topic on Lunesta. Therefore, the request was not medically necessary.