

<b>Case Number:</b>	CM15-0129432		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 male who sustained an industrial injury on 3/30/2012 resulting in pain in the neck, left shoulder, upper extremities, low back, and right knee. He is diagnosed with degenerative joint disease; neck and lumbar sprain and strain; tendonitis; cervical and lumbar radiculopathy; hand sprain and strain; and, shoulder and knee tendonitis. Treatment has included total right knee arthroplasty and multiple therapies and medication for pain management. The injured worker reported difficulty sleeping on 3/30/2011. The treating physician's plan of care includes Lunesta, 1 mg. He is on work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eszopiclone (Lunesta) 1 mg Qty 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: Non Benzodiazepine sedative hypnotics.

**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 and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, there was no mention of failure of behavioral interventions or etiology of sleep disturbance. Sleep difficulties secondary to pain are often managed with analgesics and other modalities. Although Lunesta may be used longer than other insomnia medications, the 1 month of Lunesta is not medically necessary.