

<b>Case Number:</b>	CM15-0089536		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	03/01/2001
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/10/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 55 year old male, who sustained an industrial injury on 03-01-2001. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain with bilateral leg pain, neck pain with arm pain, headaches, bilateral carpal tunnel syndrome, neuropathic pain, myofascial pain and spasms, poor sleep hygiene, high blood pressure, gastritis, depression, and anxiety. Medical records (3-31-2015) indicate ongoing low back pain with radiation into the anterior parts of the legs, radiating neck pain, and continued difficulty in sleeping. Pain levels were 8-9 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. The IW's work status was not specified. The physical exam, dated 03-31-2015, revealed axial low back pain with new lesions above the fusion, discogenic pain at L3-4, neck pain with left greater than right arm pain, and cervicogenic headaches. Relevant treatments have included: physical therapy (PT), work restrictions, and medications (Lunesta and Lorzone for an unknown amount of time). The treating physician indicates that the IW is to continue current medications including Lorzone and Lunesta. The request for authorization (04-01-2015) shows that the following medications were requested: Lunesta 3mg #30 and Lorzone 750mg #60. The original utilization review (04-13-2015) partially approved the request for Lunesta 3mg #30 that was modified to #15 and Lorzone 750mg #60 which was modified to #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: treatment of insomnia and drug information - Lunesta.

**Decision rationale:** Lunesta is used in the treatment of insomnia (with difficulty of sleep onset and/or sleep maintenance) and has the longest half-life of the approved nonbenzodiazepines. Reported side effects include somnolence, headache, dizziness, and unpleasant dreams. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for lunesta.

**Lorzone 750mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity is not substantiated in the records.