

<b>Case Number:</b>	CM15-0091875		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 41 year old female, who sustained an industrial injury on 8/01/2011. She reported a fall, the details were not included in the medical records submitted for this review. She is status post-bilateral shoulder surgery and status post left carpal tunnel release in 2014. Diagnoses included bilateral shoulder derangement, rotator cuff repair and residual pain, cervical radiculopathy, cervical disc desiccation, multiple levels, sensory changes of right upper extremities and left wrist carpal tunnel syndrome. Treatments to date include activity modification, wrist splinting, medication therapy, cortisone injections, physical therapy, home exercise and TENS use. Currently, she reported improved sleep with use of Lunesta 1mg before bed. The right wrist had improvement with a cortisone injection administered within the previous month. Medications were reported to improve pain 40-50% and maintained functional use. On 4/2/15, the physical examination documented decreased sensation to left upper extremities, decreased right hand grip strength and numbness and tingling noted in the fingers. The plan of care included continuation of medication therapy. This request was for Lunesta 1mg tablet, one tablet before bed #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 1mg QHS #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), Eszopicolone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lunesta.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Eszopicolone (Lunesta) 1 mg QHS #30 with no refills is not medically necessary. Lunesta is not recommended for long-term use, but recommended for short-term use. The guidelines recommend limiting hypnotics to three weeks maximum in the first two months of injury only. Pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming and may impair function and memory more than opiate pain relievers. See the guidelines for additional details. In this case, the injured worker's working diagnoses are rotator cuff tear status post bilateral surgery; cervical degenerative disc disease with radiculopathy; myofascial pain; shoulder sprain/strain; carpal tunnel syndrome left wrist; sensory changes right upper extremity. Lunesta was started in a trial. November 17, 2014. Lunesta was continued through January 7, 2015. Lunesta "help with sleep". The most recent progress note dated April 2, 2015 shows the treating provider continued Lunesta with subjective improvement. The documentation does not contain evidence of objective functional improvement with Lunesta. Additionally, Lunesta is recommended for short-term use. The guidelines recommend limiting Lunesta to three weeks maximum in the first two months of injury only. The date of injury is August 1, 2011. The treating provider exceeded the recommended guidelines for Lunesta. Consequently, absent compelling clinical documentation in excess of the recommended guidelines, Eszopicolone (Lunesta) 1 mg QHS #30 with no refills is not medically necessary.