

<b>Case Number:</b>	CM15-0094080		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old male with a July 14, 2011 date of injury. A progress note dated April 7, 2015 documents subjective findings (lower back pain radiating to the buttocks; left groin pain), objective findings (tenderness upon palpation of the lumbar paraspinal muscles; lumbar spasms are positive to the low back; restricted lumbar range of motion; lumbar discogenic provocative maneuver positive bilaterally; sacroiliac provocative maneuvers positive bilaterally), and current diagnoses bilateral sacroiliitis; bilateral lumbar facet joint pain; lumbar facet joint arthropathy; lumbar degenerative disc disease; lumbar spine disc protrusions; chronic lower back pain). Treatments to date have included medications, sacroiliac joint injections, lumbar radio frequency nerve ablation, and lumbar facet joint medial branch block. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Norco and Lunesta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3 mg #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), Mental Illness and Stress: 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), Insomnia Treatment, pages 535-536.

**Decision rationale:** Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), Pain. Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended, as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic and anxiolytic. Chronic use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Submitted documents have not demonstrated any functional improvement from treatment rendered for this chronic injury. The Lunesta 3 mg #30 is not medically necessary and appropriate.