

<b>Case Number:</b>	CM15-0096800		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	01/07/2009
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 46-year-old male sustained an industrial injury to the right elbow on 1/7/09. Previous treatment included three right elbow surgeries, physical therapy and medications. In a progress note dated 4/8/15, the injured worker complained of daily right forearm pain. The injured worker reported that Tramadol helped with breakthrough pain. Lunesta helped him to sleep. Physical exam was remarkable for right upper extremity with diffuse tenderness to palpation of the lateral epicondyle region and right hand and wrist with positive Tinel's sign and compression sign at the elbow and full range of motion to the right wrist and elbow. Current diagnoses included status post right lateral epicondyle debridement and extensor reattachment, status post reconstruction lateral collateral ligament right elbow, status post right elbow anconeus pedicle flap, right elbow cubital tunnel syndrome and right forearm and wrist myofasciitis and tendinitis with flare-up. The treatment plan included continuing physical therapy once a week for six weeks, six sessions of acupuncture, Tramadol for break through pain and Lunesta to help with nocturnal symptoms. Tramadol 50mg and Lunesta 1mg was dispensed during the office visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Lunesta 1mg, quantity: 60, dispensed on 04/08/15: 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), Treatment for Workers Compensation, 9th edition (web), Non-Benzodiazepines sedative-hypnotics, WebMD.com, Eszopiclone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Mental & Stress Chapter, Eszopicolone (Lunesta).

**Decision rationale:** Based on the 04/08/15 progress report provided by treating physician, the patient presents with pain to right forearm. The patient is status post right lateral epicondylar debridement and extensor reattachment, status post reconstruction lateral collateral ligament right elbow, and status post anconeus pedicle flap right elbow, unspecified dates. The request is for retrospective request for Lunesta 1mg, quantity: 60, dispensed on 04/08/15. Patient's diagnosis on 04/08/15 included clinical cubital tunnel syndrome right elbow, and right forearm and wrist myofascitis/tendinitis -flare up. Physical examination to the right upper extremity on 04/08/15 revealed diffuse tenderness with palpation of the lateral epicondylar region proximal from and distally over the dorsum of the hand and wrist. Treatment included three right elbow surgeries, physical therapy and medications. Patient's medications include Tramadol and Lunesta. The patient is retired, per 04/08/15 report. Treatment reports were provided from 09/24/14 - 04/08/15. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Per 09/24/14 report, treater states, "The pain keeps [the patient] awake at night. Lunesta has been helpful." Guidelines allow a short-term use of this medication to address insomnia. ODG recommends short-term use of up to 3 weeks. In this case, the patient has been prescribed Lunesta at least since 09/24/14 report, which is almost 8 months from UR date of 05/08/15. Furthermore, per 04/08/15 report, patient has been dispensed quantity 60, which does not indicate intended short-term use of this medication. The request exceeds guideline recommendation. Therefore, this retrospective request is not medically necessary.