

<b>Case Number:</b>	CM15-0098379		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	01/17/2007
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Texas, 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:

This is a 57 year old male patient who reported an industrial injury on 1/17/2007. The diagnoses include left shoulder pain, status-post surgery (1/15/13); ongoing median nerve entrapment; and lumbar facet syndrome. Per the doctor's note dated 5/8/2015, he had complaints of pain at 4/10 with medications and at 7/10 without medications; poor sleep. The physical examination revealed tenderness, spasm and decreased range of motion of the lumbar spine, positive straight leg raising on the left side; mild restricted range of motion of the bilateral shoulders; left knee- positive McMurray and patellar grind test. The medications list includes dulcolax, ibuprofen, lunesta, oxycodone and pravastatin. He has had lumbar MRI on 9/29/2011, 8/20/2007 and 1/28/2009; EMG/NCS dated 7/24/2009 and 6/17/2008; right shoulder MRI on 5/19/2009; MRI orbit on 1/28/2009. He has undergone right shoulder surgery on 1/15/2013. He has had physical therapy visits for this injury. The physician's requests for treatments were noted to include the continuation of Oxycodone for pain and increased functionality, Lunesta for continuous sleep, and Ibuprofen for inflammatory pain.

### 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), Pain Chapter, Eszopicolone (Lunesta); Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Insomnia treatment.

**Decision rationale:** CA MTUS does not address this request. Eszopicolone (Lunesta) is a benzodiazepine-receptor agonist (Non-Benzodiazepine sedative-hypnotics) FDA approved for use of treatment of insomnia. It is a controlled substance. Per the ODG guideline regarding insomnia treatment "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. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning". Any trial of other measures for treatment of the patient's insomnia symptoms, like the use of tricyclic antidepressants, prior to the use of Lunesta is not specified in the records provided. A detailed evaluation for psychiatric or medical illness that may be causing the insomnia is not specified in the records provided. The request for Lunesta 3 MG #30 is not medically necessary or fully established in this patient.