

Case Number:	CM14-0051091		
Date Assigned:	07/07/2014	Date of Injury:	11/21/2000
Decision Date:	08/22/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/18/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient with reported date of injury on 11/21/2000. The mechanism is described as a trip and fall. The patient has a diagnosis of lumbar radiculopathy, left leg and ankle pain, post lumbar fusion with foot drop and L5 radiculopathy and left foot fractures post-surgery with complications. The patient complains of low back pain and knee pains. Pain is reportedly improved with pain medications. The patient has a very poor sleep quality. Objective exam reveals antalgic gait using a walker. Lumbar spine has surgical scar. Range of motion (ROM) is limited by pain. Tenderness, hypertonicity and spasms noted paraspinally. Knee exam of left side reveals surgical scar. ROM decreased due to pain. The patient reports tenderness to medial joint line and tibial tubercle. Ankle exam of left side reveals restricted flexion and extension due to pain. The patient also reports tenderness over Achilles tendon deltoid ligament and fibulo-calcaneal ligament. Left foot exam reveals multiple scars. Strength is decreased on left foot. There is decreased sensation to lateral foot, medial foot on left side. Imaging reports reviewed. Most of the reports are old (latest are from 2010) and does not change chronic diagnosis. The current medications are reportedly Ranitidine, Roxicodone, Colace, Senokot and Trazodone. Independent Medical Review is for Lunesta (Eszopiclone) CIV. Prior UR on 3/28/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg one tablet at bedtime #15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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), Mental Illness and Stress, Insomnia Treatment.

Decision rationale: As per records, clarification of prescription is for Lunesta 3mg one tablet at bedtime #15. Patient is chronically on Trazodone for sleep and has decreased efficacy. The patient has been on Lunesta in the past and used it intermittent but ran out of it. It was reportedly effective with no side effects. There are no appropriate sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. As per Official Disability Guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Patient has been on Trazodone chronically at least with mild improvement. Patient's sleep problem is noted to be due to pain which should be the primary target for treatment to improve patient's sleep but patient has been stable on current pain medications and additional pain medications may not be safe in a patient with chronic pain that is stable on medications. The number of tablets of 15 is appropriate for short term intermittent use. Lunesta is medically necessary.