

Case Number:	CM14-0203318		
Date Assigned:	12/15/2014	Date of Injury:	02/23/2007
Decision Date:	02/09/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice 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:

Patient had a date of injury on 2/23/2007. Diagnosis includes: chondromalacia of patellofemoral joint grade 3, insomnia, dysthymic disorder, lumbar facet joint pain, lumbar degenerative disc disease, knee pain, chronic pain syndrome, lateral meniscus tear and medial meniscus tear. Medications include norco, exalgo, Prilosec, flexeril, lunesta, Neurontin and Lipitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lunesta 2mg #30, QD Q HS: 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 & Stress, 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

Decision rationale: According to guidelines it states that treating insomnia should focus on treating the underlying cause. If Insomnia is present for longer than a 7-10 day period then psychiatric disorders or other medical illness should be considered. According to the patient's medical records there is no indication as to why the patient has insomnia and just providing Lunesta is not recommended.

