

Case Number:	CM15-0001467		
Date Assigned:	01/12/2015	Date of Injury:	03/30/2007
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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: 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:

The injured worker is a 57 year old female, who sustained an industrial injury on 3/30/2007. Per the Qualified Medical Examiner report, dated 7/01/2014, she reported the injury as bilateral foot pain as a result of weightbearing. The diagnoses have included reflex sympathetic dystrophy of the lower limb. A right knee replacement was performed approximately one year prior. Treatment to date has included surgery and conservative measures. Currently, the injured worker complains of right lower extremity pain. VAS score was 6/10. Mild tenderness over the right sacroiliac joint and greater trochanter was noted. Per the progress report, dated 9/16/2014, previous attempts were noted to wean off all oral pain medications resulted in withdrawal symptoms. At that time, she stated she used to sleep 18 hours daily, but now only sleeping 10-12 hours daily. Current medications included Amitriptyline 75mg daily, Fentanyl 62mg/hr patch, Lunesta 3mg daily, Neurontin 2400mg unspecified, Prilosec unspecified, and Percocet 20mg daily. The Fentanyl was decreased from 75mg/hr patch. A psychiatric evaluation Qualified Medical Examiner report, dated 7/02/2014, noted Lunesta in use at the time of evaluation and referred to its use in May 2012. On 12/22/2014, Utilization Review non-certified a prescription for Eszopiclone 3mg #30, noting the lack of compliance with Med Lett Drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 3mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28;47 (1203); 17-9

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation benzodiazepines

Decision rationale: According to guidelines it states Lunesta should be used with caution due to the potential of dependency and abuse. Medications for insomnia should only be prescribed when workup for insomnia has been done. According to the medical records the patient has chronic idiopathic insomnia however there is no documentation as workup done for insomnia and thus Lunesta is not medically necessary.