MAXIMUS Federal Services

Case Number:	CM15-0140138		
Date Assigned:	07/29/2015	Date of Injury:	06/29/2009
Decision Date:	08/31/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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: Emergency Medicine

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 46-year-old male, who sustained an industrial injury on 6-29-2009. The medical records submitted for this review did not include the details regarding the initial injury or the prior treatments to date. Diagnoses include left knee internal derangement status post arthroscopic surgery x 2, left ankle internal derangement, and chronic left knee pain. Currently, he complained of ongoing pain rated six or seven out of ten VAS without medication and two to three out of ten VAS with medication. On 6-18-15, the physical examination documented tenderness and muscle spasms. The plan of care included a prescription for Lunesta 3mg, one tablet before bed #30 and a knee support brace for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: As per ACOEM guidelines, knee braces may have utility in situations where there is knee instability although it appears mostly psychological and is only recommended during situations of load to the knees such as climbing ladders or carrying heavy loads. The primary treating physician has not documented a knee exam consistent with knee instability. There is also no note why a brace was requested, what type of brace is required and if a functional rehabilitation program is involved. There is not enough documentation to support medical necessity therefore the knee brace is not medically necessary.

Lunesta 3mg #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), Mental Illness and Stress - Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
<Pain(Chronic)>,
<Insomnia Treatment>.

Decision rationale: There is no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Lunesta/eszopiclone is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. There is only subjective improvement documented. Patient has been on this medication chronically, which is not recommended. Eszopiclone is not medically necessary.