

Case Number:	CM15-0166683		
Date Assigned:	09/04/2015	Date of Injury:	06/20/2013
Decision Date:	10/06/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina

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 63 year old male, who sustained an industrial injury on June 20, 2013. He reported immediate pain and swelling in the right ankle. The injured worker was diagnosed as having a right ankle sprain. Treatment to date has included x-rays, medications, ace wrap, crutches, physical therapy, MRI, electrodiagnostic studies, hinged ankle-foot brace, cortisone injection, chiropractic physiotherapy, acupuncture, home exercise, surgery (arthroscopy), CT scan, toxicology screen and activity modification. Currently, the injured worker complains of right ankle pain described as sharp and is accompanied by numbness in the right heel extending to his toes. He reports a sharp, jabbing pain in the left side of his right ankle that is rated 10 on 10 when it occurs and aching at the surgical site. He also reports a sharp, stabbing pain in the right heel. Lastly, he reported sleep disturbance due to the pain, which has improved since taking Eszopiclone. The injured worker is currently diagnosed with a right medial malleolar avulsion fracture, chronic right ankle sprain, and right anterior ankle synovitis with impingement and right tibial nerve irritation (improved). His work status is total temporary disability. A progress note dated April 28, 2015 states the injured worker experienced a decrease in pain from 6 on 10 to 2 on 10 from Norco and Gabapentin helps temporarily with nerve pain, but causes dizziness. The note also states the injured worker has experienced therapeutic failure from physical therapy, acupuncture and epidural injections. A progress note dated July 14, 2015 states the injured workers sleep has improved by 3-4 hours with Eszopiclone. A note dated July 23, 2015, states the injured worker did not benefit from surgical intervention. The note also states the injured worker developed numbness after the surgery. The note further states the injured worker reports

a reduction in symptoms with ice and elevation of his right foot-ankle. The medication Eszopiclone 2 mg #30 (one half tablet at bedtime for sleep difficulties) is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 2 mg Qty 30, 1/2 tab at night for sleep difficulties: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Eszopiclone (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) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore the request is not medically necessary.