

Case Number:	CM15-0188782		
Date Assigned:	09/30/2015	Date of Injury:	05/17/2011
Decision Date:	11/12/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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(n) 55 year old female, who sustained an industrial injury on 5-17-11. The injured worker was diagnosed as having ankle sprain, Achilles tendinitis, myofascial pain and sleep issue. Medical records (4-13-15 through 7-21-15) indicated 5-6 out of 10 ankle pain and sleep is "tolerable with Lunesta". Treatment to date has included a TENS unit, a functional capacity evaluation on 8-3-15 and Ambien. Current medications include Ibuprofen, LidoPro ointment, Omeprazole and Lunesta (since at least 4-13-15). As of the PR2 dated 8-21-15, the injured worker reports constant 6 out of 10 right ankle and foot pain. She is also reporting that her sleep is "not as good as previously when she was taking Ambien", but her sleep is "tolerable with Lunesta". The treating physician requested Lunesta 1mg #30. The Utilization Review dated 9-2-15, non-certified the request for Lunesta 1mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg, per 8/24/15, qty 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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 & Stress Chapter, under Eszopicolone (Lunesta).

Decision rationale: The patient presents with pain in the right foot and ankle. The request is for Lunesta 1MG, per 8/24/15, QTY 30.00. Physical examination to the right foot/ankle on 06/15/15 revealed tenderness to palpation to the anterior ankle with some swelling. Per 08/21/15 Request for Authorization form, patient's diagnosis includes ankle sprain, Achilles tendinitis, pain upper/lower extremity, and myofascial pain. Patient's medications, per 09/21/15 progress report include Gabapentin, Ibuprofen, Naproxen, Omeprazole, and Lunesta. Patient's work status is modified duties. ODG-TWC, Mental Illness & Stress Chapter, under Eszopicolone (Lunesta) states: "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." In progress report dated 08/21/15, the treater states that the patient's sleep is not as good as previously when she was taking Ambien but is tolerable with Lunesta and she wakes up a few times at night. Review of the medical records provided indicates that the patient has been utilizing Lunesta since at least 04/13/15. ODG guidelines however, recommend short-term use of up to 3 weeks. The request for 30 tablets in addition to prior prescriptions exceeds intended short-term use of this medication. Therefore, the request is not medically necessary.