

Case Number:	CM15-0196431		
Date Assigned:	10/12/2015	Date of Injury:	02/16/2011
Decision Date:	11/19/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/06/2015

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 50 year old male who sustained an industrial injury on 2-16-11. A review of the medical records indicates that the injured worker is undergoing treatments for internal derangement of left knee, internal derangement of right knee, discogenic lumbar condition, and due to chronic pain and inactivity, the patient element of depression. Medical records dated 8-31-15 indicate that a "sleep study was re-done apparently in December that would be the second study." Additionally noting the injured worker "has issues with sleep, stress and depression." Provider documentation dated 8-31-15 noted the work status as "The patient can do sedentary type of work." Treatment has included magnetic resonance imaging, injection therapy, radiographic studies, status post left knee surgery, Norco since at least April of 2015, Nalfon since at least April of 2015, Tramadol since at least April of 2015, Psychologist evaluation, knee braces, hot and cold wraps, transcutaneous electrical nerve stimulation unit, and DonJoy brace. The original utilization review (9-10-15) denied a request for Lunesta 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #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, Pain Chapter, 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, Eszopicolone (Lunesta), Insomnia treatment.

Decision rationale: The requested Lunesta 2mg #30 is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is "Not recommended for long-term use;" and "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." The injured worker has been prescribed Trazodone since at least May of 2015 and Effexor since at least May of 2015. Objective findings dated 8-31-15 were notable for tenderness to the knee along patella and inner joint line along right and left side, "Instability is not noted," positive McMurray's test noted medially. The treating physician has not documented details of current insomnia nor sleep hygiene modification attempts, nor rule out other causes of insomnia. The criteria noted above not having been met, Lunesta 2mg #30 is not medically necessary.