

<b>Case Number:</b>	CM15-0203017		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	08/07/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 56 year old male who sustained an industrial injury on 08-07-2014. Medical records indicated the worker was treated for an injury to the bilateral knees. The worker was initially treated with bracing and physical therapy. He later had a right total knee replacement on 04-13-2015 followed by physical therapy. In the provider notes of 07-01-2015, the worker complained of insomnia secondary to right leg pain, and was prescribed Lunesta. In the medical record (07-29-2015, 07-30-2015, and 08-26-2015) the worker was seen in follow-up. His gait pattern was limping and trying to favor the right knee. He had returned to work four weeks prior with modifications. On exam, he had a well-healed anterior surgical incision on the right knee. His range of motion was 0-125 degrees of flexion. There was slight tenderness on the right side of the knee. His most recent x-rays showed a posterior stabilized fixed bearing implant in a good position. His overall progress was noted to be satisfactory and he had completed his course of physical therapy and was doing home exercise. Topically applied medications were used for pain relief. There was no discussion of pain other than to note a slight tenderness on the side of the right knee. He continued to have a complaint of insomnia. A request for authorization was submitted for Lunesta 2mg #30. A utilization review decision 09-14-2015 non-certified the request.

### 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:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 9/8/15), 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) Pain (Chronic), Insomnia Treatment.

**Decision rationale:** There are 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 are no documented improvements or conservative measures attempted. Chronic use of Eszopiclone is not medically necessary.