

Case Number:	CM15-0021942		
Date Assigned:	02/11/2015	Date of Injury:	11/01/2010
Decision Date:	04/07/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/05/2015

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, Arizona
 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 48-year-old male who reported an injury on 11/01/2010. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 01/06/2015. The documentation of 12/10/2014 revealed the injured worker had an MRI of the lumbar spine and the right knee and electrodiagnostic studies. The injured worker had complaints of low back pain and right knee pain. The injured worker had tingling and numbness in the lateral thigh, anterolateral and posterior leg, as well as the foot. The examination of the right knee revealed crepitus with painful range of motion. The diagnoses included status post right knee surgery and lumbar discopathy. The documentation indicated the injured worker was utilizing the medication for temporary insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for #30 Eszopiclone 1mg: 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 (Chronic).

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

Decision rationale: The Official Disability Guidelines indicates the use of Eszopicolone is for the short-term treatment of insomnia. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The efficacy was not provided. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to provide the frequency for the requested medication. Given the above, the request for 1 prescription for #30 Eszopicolone 1 mg is not medically necessary.