

Case Number:	CM15-0028704		
Date Assigned:	02/20/2015	Date of Injury:	05/03/2007
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/17/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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 52-year-old male, who sustained an industrial injury on 5/3/07. On 2/17/15, the injured worker submitted an application for IMR for review of Eszopiclone 1mg #30. The treating provider has reported the injured worker complained of bilateral knee and right ankle pain. The diagnoses have included bilateral knees - advanced degenerative joint disease, bilateral knee arthrosis, status post right Achilles rupture/tear with subsequent spur formation, right knee lateral meniscus tear. Treatment to date has included physical therapy, injections, bilateral knee ACL reconstruction (date), and medications. Diagnostic studies include: MRI left knee (12/17/10), MRI right knee (12/12/13), Ultrasound Report bilateral foot (10/22/2008), EMG/NCS bilateral lower extremities (10/14/08), On 2/5/15, Utilization Review non-certified Eszopiclone 1mg #30. The FDA 2014 and ODG Guidelines, (or ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 1mg #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; Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation odg-insomnia.

Decision rationale: Lunesta ODG-insomnia Per ODG guidelines, the medication would not be recommended for long-term usage and the dose is higher than the recommended dose. Per ODG guidelines, proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, a in specialists rarely, if ever, recommend them for long-term use. They can be habit forming and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long term (Feinberg20008). See insomnia treatment. Lunesta: not recommend for long term usage but recommended for short term use. While sleeping pills, so-called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. The FDA has lowered the recommended starting dose of lunesta from 2mg to 1 mg for both men and women. Previously recommended doses can cause impairment of driving skills, memory, and coordination as long as eleven hours after the drug is taken. Despite these long lasting effects, patients were often unaware they were impaired (FED 2014).