

Case Number:	CM14-0216029		
Date Assigned:	01/06/2015	Date of Injury:	12/12/2006
Decision Date:	02/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/23/2014

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:

Patient with reported date of injury on 12/12/2008. Patient has a diagnosis of chronic R inguinal pain post inguinal repair with potential neuritis and insomnia. Medical reports reviewed. Last report available until 12/2/14. Patient has no change in status. Patient has R sharp burning inguinal pain. Pain is 2-3/10 with medications. Sleep reportedly improves with Lunesta and is getting 8 instead of 6 hours of sleep. Current medications listed include Lunesta, Lyrica and Tramadol. Independent Medical Review is for Lunesta 2mg #30. Prior Utilization Review on 12/18/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Lunesta 2mg; one tab qhs Quantity: 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain(Chronic)

Decision rationale: There is 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 prior conservative measures attempted and chronic use is not recommended. Lunesta is not medically necessary.