

Case Number:	CM15-0013730		
Date Assigned:	02/02/2015	Date of Injury:	10/14/2003
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/23/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 72 year old female, who sustained an industrial injury on October 14, 2003. The diagnoses have included joint derangement of the left ankle. Treatment to date has included muscle relaxant, non-steroidal anti-inflammatory, and pain medications. On November 13, 2014, the treating physician noted constant, burning left foot/ankle pain, which is aggravated by ascending and descending stairs, left and bending. The physical exam revealed a left limping gait, tenderness of the anterior portion of the ankle, full inversion and eversion on the ankle with pain, no instability evidence, and swelling. The treatment plan included sleeping medication. On December 16, 2014 Utilization Review non-certified a prescription for Eszopiclone 1mg #30, noting the lack of documentation of subjective findings or diagnosis for insomnia, and lack of documentation of whether the patient was counseled and has made a sustained effort to use nonpharmacological methods such as good sleep hygiene vs risking dependency on sleeping aides. The Official Disability Guidelines (ODG) was 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, Pain, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter, Stress and Mental Illness Chapter, Insomnia treatment topics

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no statement indicating what behavioral treatments have been attempted for the condition of insomnia, which is specified by the ODG. In the absence of such documentation, the currently requested Lunesta is not medically necessary.