

Case Number:	CM15-0111482		
Date Assigned:	06/17/2015	Date of Injury:	12/24/2008
Decision Date:	08/11/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/09/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 57 year old male, who sustained an industrial injury on 12/24/2008. He has reported injury to the left knee. The diagnoses have included left knee pain, status post total knee replacement in 2013; right knee pain, secondary to overcompensation; compensatory right hand/wrist and right shoulder pain from use of single crutch; compensatory right ankle/foot pain from increased weight bearing on the right side from the left knee injury; and compensatory low back pain from altered gait/biomechanics. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Coumadin, Xanax, Ambien, and Lunesta. A progress report from the treating physician, dated 04/30/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of ongoing bilateral knee pain; the right knee continues to be the worst; the Norco continues to bring his pain level down from about a 9/10 to a 4/10 on the pain scale; and the Norco allows him to do a lot more activities than without it. Objective findings included he is using the crutch; and he is not weight bearing on the left foot due to a nonindustrial injury and surgery that is pending. The treatment plan has included the request for pharmacy purchase of Lunesta 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Lunesta 2mg #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), Pain Chapter.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore the request is not medically necessary.