

<b>Case Number:</b>	CM15-0118260		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	01/06/2003
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Massachusetts

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 64 year old m ale who sustained an industrial injury on 01/08/03. Initial complaints and diagnoses are not available. Treatments to date include medications add dialysis. Diagnostic studies at no addressed. Current complaints include headache, anxiety, and depression. Current diagnoses include insomnia, hypertensive disorder, other symptoms involving nervous and musculoskeletal systems, and end stage renal disease. In a progress note dated 04/28/15 the treating provider reports the plan of care as continue current medication and dialysis. The requested treatments include Eszopiclone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eszopiclone 3mg 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, Pain Chapter, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 2003. He has and stage renal disease and is awaiting transplant. He receives dialysis treatments. When seen, he had a low energy level and has having anxiety during dialysis treatments. Diagnoses include sleep apnea and the claimant's BMI is over 32. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined, although the likelihood of secondary insomnia due to obstructive sleep apnea appears high. If this was causing the claimant's sleep disturbance, then treatment for this condition could be considered. The continued prescribing of Lunesta (eszopiclone) is not medically necessary.