

<b>Case Number:</b>	CM15-0128349		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Arizona, California

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 60 year old male who sustained an industrial injury on 12/12/11. Primary treating physician's progress report dated 5/12/15 reports continued complaints of pain rated 6-7/10 with medication and 10/10 without. The injured worker was seen by an orthopedic surgeon for his right knee and surgery was not recommended. He continues to have left knee pain as well. Chief complaints include: headaches, forgetfulness, right shoulder pain status post op, low back pain greater on left side than right, neck pain greater on the right than the left, thoracic spin and upper trapezius associated with neck pain, left knee and ankle pain due to compensating for right knee pain, left shoulder pain and depression and anxiety. Diagnoses include: post traumatic head syndrome, right shoulder rotator cuff tear, lumbar strain right greater than left, cervical strain right greater than left with radicular symptoms, left knee strain, left shoulder, right knee and left ankle pain due to guarding and depression/anxiety due to chronic pain. Plan of care includes: request orthopedic consult, request MRI of left knee, authorize menthoderm topical cream, continue to authorize ibuprofen, norco, pamelor, promolaxin, lunesta and prilosec, continue use of knee brace, continue use of TENS unit and use ice for local flare ups. Work status: remain temporarily totally disabled though to next visit. Follow up in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30 last refill:** 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, Eszopicolone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter and insomnia - pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the etiology of sleep disturbance was not defined. Length of prior use is unknown but longer than that suggested by the guidelines. Continued use of Lunesta is not medically necessary.