MAXIMUS Federal Services

Case Number:	CM15-0170131		
Date Assigned:	09/10/2015	Date of Injury:	07/05/2010
Decision Date:	10/15/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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:

This is a 53-year-old female worker who was injured on 07-05-2010 due to a misstep off a ladder. The medical records reviewed indicated the injured worker (IW) was treated for internal derangement of the knees, bilaterally; and weight gain, issues with sleep, stress and fibromyalgia due to chronic pain and inactivity. The documentation (6-1-15 to 8-6-15) showed the IW had injuries to both knees and complaints of low back pain. She was noted to have difficulty sleeping secondary to pain. The treating physician stated in the 8-6-15 report the IW was not working. Physical examinations (6-1-15 to 8-6-15) found tenderness along the medial and lateral joint lines of both knees. Treatments to date include medications, including Lunesta (since June 2015) and pain medications; aquatic therapy (at least 12 visits); cortisone injections; knee bracing; and TENS unit. The 6-1-15 notes from the treating provider stated the IW's medications provided some pain relief and 40% improvement in functional capacity around the house; there was no indication the Lunesta has improved her sleep. The notes (2-4-2015) stated the baseline urine drug screen on 1-5-2015 was consistent with medications. A Request for Authorization dated 8-6-2015 asked for Lunesta 2mg, #30. The Utilization Review on 8-19-2013 modified the request for Lunesta 2mg to allow #20 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

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) Treatment Index, 13th Edition (web) 2015, Mental Illness and Stress, Eszopidolone (Lunesta).

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

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), Zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances which mean they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action." It is noted that the injured worker has difficulty sleeping secondary to chronic pain. However, the documentation submitted for review does not contain information regarding sleep onset, sleep maintenance, and sleep quality and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. The request is not medically necessary.