

Case Number:	CM15-0177366		
Date Assigned:	09/18/2015	Date of Injury:	03/19/2010
Decision Date:	10/20/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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 46 year old male, who sustained an industrial injury on March 19, 2010. Medical records indicate that the injured worker is undergoing treatment for bilateral ankle fractures, left knee pain, lumbar degenerative disc disease, lumbar radiculopathy, poor coping and sleep difficulty. The injured worker was noted to be permanent and stationary. The current work status was not identified. Current documentation dated July 31, 2015 notes that the injured worker reported continued low back, left knee, left ankle and right foot pain. Associated symptoms included numbness and tingling in the left lower extremity. The injured worker also noted that his left knee buckled. A knee brace was noted to be helpful. The pain was rated a 5 out of 10 in the visual analogue scale. Medication helped the pain by thirty percent. Lunesta was noted to be managing his sleep issues. Objective findings included diffuse tenderness of the lumbar spine. Tenderness to palpation was noted over the anteromedial joint line. Range of motion was decreased in the left ankle. Treatment and evaluation to date has included medications, radiological studies, physical therapy, ankle injection, left knee x-rays (2-9-15), MRI of the lumbar spine (2010), left knee brace, transcutaneous electrical nerve stimulation unit, home exercise program, four left ankle-fibula surgeries (2010 and 2012) and left knee surgery in 2011. Current medications include Gabapentin, Omeprazole, Lunesta (since at least January of 2015), Simvastatin, Metformin, Lisinopril and Lidopro ointment. Treatments tried and failed include physical therapy. The treating physician's request for authorization dated July 31, 2015 includes a request for retrospective Eszopiclone 1 mg # 30 with a date of service of 7-31-2015.

The Utilization Review documentation dated August 19, 2015 non-certified the request for retrospective Eszopiclone 1 mg # 30 with a date of service of 7-31-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Eszopiclone 1mg #30 (DOS 7/31/15): 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 (Chronic): Eszopiclone (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 chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, 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. Eszopiclone is indicated for the short-term treatment of insomnia. In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Failure of behavioral interventions was not provided. Continued use of Eszopiclone is not medically necessary.