

Case Number:	CM15-0047434		
Date Assigned:	03/19/2015	Date of Injury:	06/05/2001
Decision Date:	06/29/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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

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:

This 67 year old female sustained an industrial injury to the right knee on 6/5/11. Previous treatment included right knee arthroscopy (5/16/14), physical therapy and medications. In a progress note dated 1/26/15, the injured worker reported that she was improving a course of postoperative physical therapy; however, she now felt more weakness. The injured worker complained of frequent right knee pain rated 6/10 on the visual analog scale. Physical exam was remarkable for a well-healed right knee scar, tenderness to palpation at the right knee anteriorly with negative patellar grind, anterior drawer and McMurray's tests, residual weakness and no evidence of instability. The physician noted that the review of systems from his initial report with the patient were unchanged. The initial report was not provided for review. Current diagnoses included status post right total knee arthroplasty, knee sprain/strain and chondromalacia patella. The treatment plan included a one year gym membership for an independent exercise program. On 2/7/15 a request for authorization was submitted for medications (Nalfon, Omeprazole, Cyclobenzaprine, Tramadol and Eszopicione).

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszoplatone 1mg #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, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Lunesta (eszopiclone), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Lunesta treatment. Finally, there is no indication that Lunesta is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta (eszopiclone) is not medically necessary.