

Case Number:	CM15-0090760		
Date Assigned:	05/15/2015	Date of Injury:	01/18/2006
Decision Date:	06/17/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/12/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 55 year old female, who sustained an industrial injury on 1/18/2006. The mechanism of injury is unknown. The injured worker was diagnosed as having multiple knee and foot surgeries, foot pain, knee pain and lower leg pain. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 4/22/2015, the injured worker complains of bilateral knee pain, right ankle pain and right foot pain rated 5/10 with medications and 8/10 without medications. The injured worker notes poor sleep without Lunesta (Eszopiclone). The treating physician is requesting Eszopiclone 3 mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone Tab 3mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/lunesta.

Decision rationale: This 55 year old female has complained of knee and ankle pain since date of injury 1/18/06. She has been treated with physical therapy and medications. The current request is for Lunesta. Lunesta is recommended for the short term treatment of insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. On the basis of the available medical documentation, Lunesta is not indicated as medically necessary in this patient.