

Case Number:	CM13-0013103		
Date Assigned:	12/04/2013	Date of Injury:	09/09/2010
Decision Date:	02/28/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Medicine and is licensed to practice in California. 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 physician 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/services.

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 patient is a 57-year-old female who reported an injury on 09/09/2010. The patient is currently diagnosed with degeneration of the cervical disc, pain in a joint of the shoulder, pain in a joint of the hand, pain in a joint of the lower leg, and pain in a joint of the pelvis and thigh. The patient was seen by [REDACTED] on 06/24/2013. The patient reported ongoing pain. Physical examination revealed tenderness to palpation of the cervical spine with decreased range of motion, positive facet loading maneuver, and paravertebral muscle tenderness, as well as trapezius tenderness. Treatment recommendations included continuation of current medications and initiation of aquatic therapy and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM 1-2 tabs at bedtime #60: 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)

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 Chapter, Insomnia Treatment

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Empirically supported treatment includes stimulus control, progressive muscle

relaxation, and paradoxical intention. As per the documentation submitted, the patient has continuously utilized this medication. However, there is no documentation of chronic insomnia or sleep disturbance. There is also no evidence of a failure to respond to no pharmacologic treatment prior to the initiation of a prescription product. Based on the clinical information received, the request is non-certified.