

Case Number:	CM13-0033093		
Date Assigned:	12/06/2013	Date of Injury:	05/17/2011
Decision Date:	03/17/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/09/2013

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 Orthopedic Surgery 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. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41 year old gentleman who was injured in a work related accident on May 17, 2011. The clinical records in this case indicate a recent assessment report of March 19, 2013. On that date he was given the diagnoses of status post left shoulder arthroscopy with subsequent manipulation under anesthesia's with residual painful motion and weakness, left elbow medial epicondylitis and chronic low back pain with disc protrusion with complaints of depression, anxiety and sleeping difficulties. There was no indication of other forms of treatment for sleeping disorder other than Restone. There is no indication of benefit with use of the agent or further care since March of 2013 assessment. At present, there is continued request for use of Restone for continued sleep issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restone: 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: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: pain procedure-Insomnia treatment

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of melatonin receptor antagonists is only indicated for difficulty with sleep onset. In regards to insomnia treatment, Official Disability Guidelines indicate that the specific component of insomnia should be addressed be it sleep onset, sleep maintenance, sleep quality or next day functioning. Failure of a sleep disturbance to resolve in a 7 to 10 week period may indicate underlying illness from a behavioral or medical point of view. Indications in this case indicate the claimant has utilized the medication for quite some time with no documentation of sleep onset difficulties or benefit with the role of the agent. Its continued use at this stage in the clinical course of care would not be indicated.