

Case Number:	CM13-0053978		
Date Assigned:	12/30/2013	Date of Injury:	05/14/2012
Decision Date:	04/30/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/13/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 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/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:

This is a male patient with a date of injury of May 14, 2012. A utilization review determination dated November 7, 2013 recommends noncertification of Sonata 10 mg #30. A progress report dated December 11, 2013 indicates that the patient had good benefit from the shoulder surgery. The note indicates that the patient has discontinued/stopped taking Sonata 10 mg for sleep. Objective examination findings identify tenderness to palpation over the trapezius muscle with muscle spasm. Diagnoses include electrocution of the left little finger with ulnar neuropathy, cervical sprain/strain, thoracic sprain/strain, left shoulder impingement status post surgery. The treatment plan recommends discontinuing Sonata 10 mg, refill Norco, refill Fexmid, and perform a right shoulder injection. A progress note dated November 1, 2013 indicates that the patient is more relaxed, less irritable, and less depressed. The patient sleeps 4 -5 hours per night. Objective examination indicates that the patient has been taking these medications for more than a year. Diagnoses include posttraumatic stress disorder, insomnia type sleep disorder due to pain, and major depressive disorder. The treatment plan recommends Wellbutrin, Ativan, and Restoril for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR SONATA 10MG #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, PAIN (CHRONIC)

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

Decision rationale: Regarding the request for Sonata, 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 Sonata treatment. Finally, there is no indication that Sonata is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Sonata is not medically necessary.