

Case Number:	CM13-0060540		
Date Assigned:	12/30/2013	Date of Injury:	03/06/2012
Decision Date:	06/13/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physica Medicine and Rehabilitation, has a subspecialty in Pain 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 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:

The records presented for review indicate that this is a 56-year-old individual who was injured on March 8, 2012. There are ongoing complaints of persistent low back pain. The physical examination noted decreased range of motion of the cervical spine, right shoulder and right upper extremity. A positive straight leg raise is also noted. The progress notes of the last several months indicate ongoing complaints of pain. There are several progress notes that indicate the patient has mood disturbance and sleep disturbance. A progress note on date of service March 26, 2013 indicates that the patient was trial on Ambien 10 mg at night. Subsequently, a pain management physician prescribed a trial of Sonata on may 7th 2013. The disputed issue is the request for another one-month supply of Sonata 10 mg number 30. This request was received by the claims administrator on October 14, 2013 and was non-certified in a utilization review determination on October 21, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SONATA 10MG#30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL HEALTH & STRESS (UPDATED APRIL 9, 2014), SONATA SUBHEADING.

Decision rationale: Sonata (Zaleplon) is a short acting non-benzodiazepine hypnotic clinically indicated for the short-term treatment of insomnia. Specifically, the Official Disability Guidelines states the following: "Zaleplon (Sonata) reduces sleep latency. Because of its short half-life (one hour), may be re-administered upon nocturnal waking provided it is administered at least 4 hours before wake time. This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to five weeks." In the case of this injured worker, there is documentation of mood disorder and insomnia. A progress note on date of service March 26, 2013 indicates that the requesting provider has started Ambien 10 mg at night. Subsequently this was switched to a trial of Sonata on May 7th 2013. A follow-up note on September 3, 2013 indicates that the requesting provider wishes to refill the Sonata prescription. At this juncture, the continuation of Sonata beyond 4 months is in excess of the five-week recommendation per guidelines. The request for Sonata 10 mg, thirty count, is not medically necessary or appropriate.

TOPICAL CREAMS #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines specify, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In the case of this injured worker, the submitted documentation does not contain any mention for the rationale behind the topical medication. I could not identify a single progress note with a treatment plan that identifies rationale for this request. The request for topical creams #2 is not medically necessary or appropriate.