

Case Number:	CM13-0062438		
Date Assigned:	12/30/2013	Date of Injury:	08/20/2008
Decision Date:	03/26/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine & 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 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:

This is a patient with a date of injury of 8/20/08. A utilization review determination dated 11/22/13 recommends non-certification of Sonata. A 10/22/13 progress report identifies right forearm, wrist, and hand pain with CRPS. There is excruciating pain and numbness on top of hand with shooting pain in the entire right arm. There is right hand weakness with increased allodynia and hypersensitivity as well as extremely limited ROM. Sonata was noted to be a current medication and the treatment plan recommended #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg #60 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment.

Decision rationale: California MTUS does not address the issue. ODG notes that short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. Within the documentation available for review, there is documentation of prior use and the current

prescription is noted to be for 120 days, but there is no indication of failure of non-pharmacological treatment for insomnia, efficacy of the medication to date, and no clear rationale for use well beyond the short-term use recommended by ODG. In light of the above issues, the currently requested Sonata is not medically necessary.