

<b>Case Number:</b>	CM14-0010562		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	02/26/2007
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Occupational 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 patient is a 52-year-old male who has submitted a claim for lumbar disc degenerative disease, lumbosacral neuritis, lumbar spinal stenosis, lumbar facet syndrome, and myofascial pain syndrome associated with an industrial injury date of February 26, 2007. Medical records from 2011-2014 were reviewed, the latest of which dated January 4, 2014 revealed that the patient continues to complain of low back pain rated 6/10 which radiates to the lower extremities, left more than the right. There is numbness and tingling noted. Medications help with pain about 40-50% and keep his pain under control. He has been taking Acetadryl for sleep and noted to be helpful. On physical examination, the patient has an antalgic gait. There is tenderness over the lumbar region. There is limitation in range of motion of the lumbar spine. Treatment to date has included home exercise program, and medications which include Topiramate, Tramadol, Acetadryl, and Mentherm. Utilization review from January 22, 2014 denied the request for Acetadryl 500/25mg because there is no evidence in regards to sleep hygiene improvement and it is unclear if there has been a trial of first-line medications, including TCA's.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACETADRYL 500/25MG:** 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 Pain, Insomnia treatment.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. It states that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Sedating antidepressants, like Mirtazapine, have been used to treat insomnia; however, there is less evidence to support its use. They may be an option in patients with coexisting depression. In this case, the patient was prescribed Acetadryl since September 3, 2013 for sleep aid. The most recent clinical evaluation reveals that the patient has been taking Acetadryl and noted to be helpful. However, there is no documentation regarding sleep hygiene. The use of Acetadryl has also exceeded the recommended duration for insomnia treatment. Therefore, the request for Acetadryl 500/25mg is not medically necessary and appropriate.