

Case Number:	CM14-0112815		
Date Assigned:	08/01/2014	Date of Injury:	08/31/1996
Decision Date:	09/10/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/19/2014

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 Internal 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 injured worker is a 57 year old woman who was injured on August 31, 1996. According to an evaluation dated May 20, 2014, the injured worker has complaints of chronic low back pain with radiation into the right lower extremity. The injured workers medications include Valium, Dilaudid, Centraline (for insomnia), Celebrex and Pristiq along with local therapies. The request is for Centraline PM for insomnia due to back injury. A Functional Capacity Evaluation dated May 17, 2014 notes 22% whole person impairment and the inability to work her customary job duties. The injured worker is noted to have moderate to severe interference with activities of daily living and inability to sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Centraline PM QTY:60 duration of two months, refills: none listed for insomnia related to lower back work injury as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.webmd.com/drugs/2/drug-58862/centraline-oral/details>.

Decision rationale: A search for Centraline PM in the MTUS guidelines or ACOEM guidelines does not bring up any information. ODG do not address this product either. An online search in google brings up a few results on WEBMD and one of those is referenced. The product Centraline is a multivitamin and used for vitamin deficiencies. The reviewer could not find any information on the use of Centraline for management of insomnia. As such, the request is not medically necessary.