

Case Number:	CM14-0158711		
Date Assigned:	10/07/2014	Date of Injury:	04/09/2010
Decision Date:	10/31/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/26/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 52-year-old male who reported an injury on 04/12/2010 due to a motor vehicle accident. On 07/17/2014, the injured worker presented with pain in the bilateral knee and neck and low back. Upon examination of the cervical spine, he had a forward flexed position with shoulders appearing level. There are visible surgical scars noted over the anterior cervical spine with a transverse healed scar measuring 6.5 cm. No tenderness to palpation over the spinous process; however, there was tenderness elicited over the cervical paravertebral musculature with evidence of musculature spasm. Range of motion elicited pain. Examination of the upper extremities noted diminished sensation circumferentially to the bilateral upper extremities. Examination of the lumbar spine noted a slightly antalgic gait and tenderness elicited over the lumbar paraspinal musculature without evidence of spasm. Range of motion elicited low back pain. The diagnoses were noted to be lumbar radiculopathy, right knee chondromalacia patella, cervical disc protrusion and cervical radiculopathy. Prior therapy included surgery, and medications. The provider recommended Somnicin with a quantity of 30. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somnicin #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://sales.advancedrxmgt.com/sales-content/uploads/2012/04/Somnicin-Patient-Infor-Sheet.pdf> Official Disability Guidelines Treatment: Integrated Treatment/Disability Duration Guidelines: Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13.

Decision rationale: The request for Somnicin #30 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommended antidepressants as a first line option for neuropathic pain and is a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of analgesic medications and sleep quantity and duration. Side effects, including excessive sedation, especially that which would affect work performance should be assessed. The optimal duration of treatment is not known. There is a lack of evidence of an objective assessment of the injured worker's pain level. The frequency of the medication was also not provided in the request as submitted. As such, medical necessity has not been established.