

Case Number:	CM14-0172506		
Date Assigned:	10/23/2014	Date of Injury:	02/08/2014
Decision Date:	11/21/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/17/2014

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 & Rehabilitation 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 49-year-old male who reported an injury on 02/08/2014 from cumulative "wear and tear on his body parts". On 09/17/2014, his diagnoses included partial rotator cuff tear of right shoulder, tendinitis and impingement syndrome of the right shoulder, and biceps tendinitis of the right shoulder. His complaints included constant aching pain rated 8/10 with rest and 10/10 with activity to the right shoulder. The pain was associated with numbness and tingling in his fingertips. He also complained of back pain. There was tenderness with palpation to the anterior shoulder, trapezius, and rhomboid. He had full passive range of motion with flexion noted at 140 degrees, abduction 120 degrees, internal and external rotation 70 degrees. He had positive Hawkins and Neer's signs. The treatment plan included acupuncture for his myofascial symptoms of the right shoulder and Sonata 5 mg for insomnia secondary to pain. A Request for Authorization dated 09/25/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 4 for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend that acupuncture is an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The recommended frequency of treatments is 1 to 3 times per week with functional improvement noted in 3 to 6 treatments. The submitted documentation did not include any evidence that his medications were not tolerated or were being reduced. There was no indication that he was continuing physical therapy or was a surgical candidate. Additionally, there was no frequency of treatment included in the request. Therefore, this request for acupuncture x4 for the right shoulder is not medically necessary.

Sonata 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Insomnia treatment.

Decision rationale: The Official Disability Guidelines note 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed including sleep onset, sleep maintenance, sleep quality, and next day functioning. Non benzodiazepine sedative hypnotics, which include Sonata, are considered first line medications for insomnia. It appears that the non benzodiazepines have a similar efficacy to the benzodiazepines, with fewer side effects and shorter duration of action. Since it was documented that this injured worker's sleep disturbance was related to his pain, the pain needed to be addressed before the insomnia is treated as a primary disease state/condition. Additionally, there was no frequency of administration included with the request. Therefore, this request for Sonata 5 mg #30 is not medically necessary.