

Case Number:	CM14-0026021		
Date Assigned:	06/13/2014	Date of Injury:	03/15/2011
Decision Date:	07/16/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/28/2014

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 32 year old female injured on 03/15/11 due to undisclosed mechanism of injury. Current diagnoses included lumbar sprain and sacroiliac joint strain. Clinical note dated 02/04/14 indicated the injured worker presented complaining of low back pain radiating to the left lower extremity essentially without change increasing with lifting greater than 10 pounds. The injured worker reported decrease in symptoms with home exercise program, moist heat, and medications. Secondary complaints included difficulty initiating sleep resulting in sleeping only three to four hours per night during which she woke frequently due to discomfort. Physical examination revealed right sacroiliac joint pain, left sciatic region musculoskeletal spasm, and increased low back pain with straight leg raise. Treatment plan included prescription for Sonata 10mg #30 and sleep consultation. The request for sleep consult and Sonata 10mg #30 were initially non-certified on 02/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP CONSULT: 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) Polysomnography.

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, sleep consultations are indicated for insomnia complaints for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. There is no indication the injured worker has failed six months of sedative/sleep-promoting medications and a psychiatric etiology has been excluded. Additionally, there is no documentation to support that behavior intervention has been attempted and failed. As such, the request for sleep consult cannot be recommended as medically necessary at this time.

SONATA 10MG #30: 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) Mental Illness & Stress, Sedative hypnotics.

Decision rationale: As noted in the Official Disability Guidelines, Sonata is not recommended for long-term use, but recommended for short-term use. Guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The documentation indicates the injured worker was injured on 03/15/11 indicated the injury is no longer in the acute phase. As such, the request for Sonata 10mg #30 is not medically necessary.