

Case Number:	CM14-0028741		
Date Assigned:	04/07/2014	Date of Injury:	10/02/1998
Decision Date:	05/27/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/17/2014

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 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 an employee of [REDACTED] and has submitted a claim for lumbar disc degeneration associated with an industrial injury on October 2, 1998. Treatment to date includes oral analgesics. Medical records from 2014 were reviewed and showed complaints of low back pain radiating down the left leg. Medications include ibuprofen, Norco, Prozac, and Sonata. The patient has been able to maintain function especially with activities of daily living due to the current medication regimen. The patient has a history of insomnia and complains of sleep disturbances because he was unable to take Sonata. The patient states that he has daytime somnolence which makes performing activities of daily living difficult, and that his pain has exacerbated. Sonata intake was noted as far back as October 2013; however, duration and frequency of use were not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

SONATA 10MG #60: 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.

Decision rationale: The California MTUS does not address this issue, so the Official Disability Guidelines were consulted. The ODG states that Sonata is indicated for the short-term treatment of insomnia (7- 10 days) with a controlled trial showing effectiveness for up to five weeks. In this case, the patient has a history of insomnia and was noted to take Sonata as far back as October 2013; however, duration and frequency of use was not specified. The requested number of medications would exceed recommended treatment period of 7-10 days. Long-term use is not recommended. Moreover, there is no evidence of a trial showing the effectiveness of Sonata to the patient. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Sonata is not medically necessary.