

Case Number:	CM14-0037967		
Date Assigned:	06/25/2014	Date of Injury:	07/01/2011
Decision Date:	08/06/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/28/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, knee pain, ankle pain, plantar fasciitis, hypertension, and sleep disturbance reportedly associated with an industrial injury of July 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy, aquatic therapy, and chiropractic manipulative therapy; sleep aids; extracorporeal shockwave therapy; and transfer of care to and from various providers in various specialties. In a utilization review report dated February 24, 2014, the claims administrator denied a request for Sonata citing non-ODG guidelines. The applicant's attorney subsequently appealed. In March 5, 2014 medical-legal evaluation, the applicant was described as no longer working as a maintenance mechanic owing to ongoing complaints of knee pain, ankle pain, and low back pain. The medical-legal evaluator retrospectively declared the applicant totally temporarily disabled for period of two years, between July 2, 2011 through July 2, 2013. On October 11, 2013, the applicant was described as having persistent complaints of low back pain. The applicant was using Norco for pain relief. At that point in time, was in the process of pursuing facet blocks. On January 2, 2014, the applicant was placed off of work, on total temporary disability. A triple phase bone scan, additional manipulative therapy, and additional aquatic therapy were sought. It appears that the applicant received various prescriptions for oral and topical agents, including topical compounds as well as the agent in question, zaleplon, at various points interspersed throughout late 2013 and early 2014. Several of the requests for authorization for the same were initiated by the applicant's pharmacist/compounding pharmacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10MG #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 Pain Procedure Summary treatment of insomnia: Non-benzodiazepine receptor hypnotics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Label (PDF) - Fda - Food and Drug Administration www.accessdata.fda.gov/drugsatfda.../labe...

Decision rationale: While the MTUS does not address the topic of Sonata usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines state that attending provider employing the drug but non-FDA labeled purposes has the reasonability to be well informed regarding the usage of the same and should, furthermore, furnish some medical evidences to support such usage. In this case, however, Food and Drug Administration (FDA) notes that Sonata is indicated in the short treatment of insomnia, for up to 30 days. Sonata, thus, is not indicated for the chronic, long-term, and/or scheduled use purpose for which it is seemingly being proposed here. No medical evidence has been furnished to offset the unfavorable FDA recommendation. Therefore, the request is not medically necessary.