

Case Number:	CM14-0198588		
Date Assigned:	12/08/2014	Date of Injury:	10/28/2013
Decision Date:	02/23/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year old male sustained injury on 10/28/2013 after falling from a four foot ladder and landing on the right side of his body. He experienced immediate right hip pain and was taken to the hospital. Radiographs and computed tomography (10/31/13) of the right hip revealed no fractures or dislocations only degenerative changes and were consistent with his prior hip surgery. MRI of the lumbar spine (12/2/13) demonstrated a four millimeter (mm) disc protrusion at L5-S1, two mm disc protrusion at L3-4 with facet hypertrophy and a 2 mm disc protrusion at L2-3. He received six sessions of physical therapy consisting of electrical stimulation and heat packs to the right hip and lower back with no benefit obtained from the sessions. He has a past medical history of Rheumatoid Arthritis. His complaints as of 2/11/14 included constant pain and stiffness to the neck, mid and low back; constant right hip pain with numbness and tingling and constant right pelvic pain. On physical exam of the cervical spine there was tenderness to palpation with muscle guarding and spasms. Axial compression test elicited increase of paravertebral musculature. Range of motion was decreased. Thoracic spine exam revealed tenderness on palpation with spasms and decreased range of motion. Lumbar spine revealed tenderness to palpation and muscle spasms, Sacroiliac stress test was positive bilaterally, Patrick Fabere's and Gaenslen tests were positive on the right and range of motion was decreased. The right hip reveals a well healed scar from consistent with internal fixation with hardware for a right Ischium fracture (non-industrial). Diagnoses include cervical and thoracic musculoligamentous sprain/ strain; lumbar musculoligamentous sprain/strain with right lower extremity radiculitis and right sacroiliac joint sprain; status post right hip internal fixation with

hardware for right Ischium fracture, right hip sprain/ strain, bursitis and tendonitis. His medications include Norco and gabapentin. On 5/13/14 epidural steroid injection was recommended for the lumbar spine and was rejected. There was no documentation of the injured workers functional capacity and no laboratory screening to determine the current level of prescription medication. As of 10/27/14 he remained temporarily totally disabled. On 11/5/14 Utilization review non-certified the request for Sonata #30 based on lack of guideline support allowing for the chronic use of sleeping agents given the risk of addiction and the lack of long term efficacy. MTUS Guidelines were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata #30 (1 at bedtime): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Zaleplon (Sonata). Decision based on Non-MTUS Citation ODG; Pain Insomnia treatment (<http://www.odg-twc.com/odgtwc/pain.htm#Insomniatreatment>)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. As the treatment is not recommended for long term use, the request is not medically necessary.