

Case Number:	CM14-0200077		
Date Assigned:	12/10/2014	Date of Injury:	06/27/2014
Decision Date:	01/26/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab 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 sustained a work related injury on June 27, 2014, while pulling a heavy trash container, there was a painful popping sensation in the lower back. The Primary Treating Physician's report dated September 24, 2014, noted the injured worker with frequent low back pain radiating to the bilateral lower extremities. Physical examination was noted to show the lumbar spine with tenderness to palpation over the paravertebral musculature, lumbosacral junction, and bilateral sciatic notches greater than bilateral sacroiliac joint. The diagnosis was noted to be lumbar musculoligamentous sprain/strain with bilateral leg radiculitis with MRI scan dated July 11, 2014 revealing two to three millimeter disc protrusion at L4-L5 and L5-S1, bilateral neuroforaminal stenosis and facet degenerative disc disease at L3-L4 and L4-L5. On November 3, 2014, the Primary Treating Physician noted the injured worker had attended six acupuncture treatments with some benefit. The Physician noted the urine drug screen results on September 24, 2014, were consistent with the pain medication prescribed. The injured worker was to continue with the home exercise program/stretching, with a work status as temporarily totally disabled. The Physician requested authorization for Sonata 10mg #30, six acupuncture visits for the lumbar spine, and one pain management consultation for the lumbar spine. On November 14, 2014, Utilization Review evaluated the request for Sonata 10mg #30, six acupuncture visits for the lumbar spine, and one pain management consultation for the lumbar spine, citing the Official Disability Guidelines (ODG), Mental Illness & Stress. The request for six acupuncture treatments for the lumbar spine was certified. The UR Physician noted the requested pain management consultation was not appropriate at that time and was non-certified. The UR Physician noted that based on the review of the medical notes provided, and the evidence based guidelines, the requested prescription of Sonata 10mg #30 was not indicated at

that time and was non-certified. The decisions were subsequently appealed to Independent Medical Review.

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 (ODG), Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment, pages 535-536

Decision rationale: Per the MTUS Chronic Pain Treatment Guidelines, chronic sedative hypnotics are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Sedative hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG). Additionally, Sonata is a non-benzodiazepine hypnotic not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Submitted documents have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered for this injury without diagnosis, clinical findings or demonstrated failed first-line approach of sleep hygiene to support its use. Sonata 10mg #30 is not medically necessary and appropriate.

1 pain management consultation for lumbar spine: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not demonstrated here. The patient was also noted to have improvement from conservative acupuncture treatment without failed trial. As the epidural is not supported, the pain management

consultation is not indicated at this time. The 1 pain management consultation for lumbar spine is not medically necessary and appropriate.