

Case Number:	CM14-0202207		
Date Assigned:	12/12/2014	Date of Injury:	10/23/2008
Decision Date:	02/04/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/03/2014

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:

Injured worker (IW) sustained an industrial injury on 10/23/08. 12/05/11 AME report documented current medications including lisinopril, Zetia, Prilosec, Zolft, Soma, Tylenol #3, Ambien, and baby aspirin. Ability to get enough sleep was rated as 9. Anxiety/depression due to pain was rated as 9. 06/12/13 AME report documented complaints of cervical pain with radiculitis, right elbow pain, right and left hand/wrist pain, and low back pain with sciatica. IW rated her ability to sleep due to pain as 7, but current sleep pattern was not described in detail. History was noted of Axis I diagnoses of major depressive disorder single episode moderate; pain disorder with both psychological factors and a general medical condition; and insomnia or sleep disorder due to bilateral hand and wrist pain. She had been treated with cognitive behavioral therapy (CBT), medications, physical therapy, right and left carpal tunnel releases, and chiropractic treatments. Long-term use of medications for sleep was documented. She had been on medications for depression for several years prior to date of injury, as well as currently. Response to medications was not documented. A 10/28/11 psychology note had documented 2-3 hours of sleep per night and complaints of nightmares. 2012 sleep evaluation diagnosed IW with OSA (obstructive sleep apnea) as well as central sleep apnea, sleep onset/maintenance insomnia, and excessive daytime sleepiness, and CPAP titration was performed. No current clinical records were submitted with this medication request. No history of restless legs syndrome is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ropinirole 1 MG Tablet: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aurora RN, Kristo DA, Bista SR, Rowley JA, Zak RS, Casey KR, Lamm CI, Tracy SL, Rosenberg RS. The treatment of restless legs syndrome and periodic limb movement disorder in adults--an update for 2012: practice parameters with an evidence-based systematic review and meta-analyses: an American Academy of Sleep Medicine clinical practice guideline. Sleep. 2012 Aug 1;35(8):1039-62.

Decision rationale: American Academy of Sleep Medicine clinical practice guidelines recommend treatment of restless legs syndrome with ropinirole. However, due to lack of documented history of restless legs syndrome in this case, medical necessity is not established for the requested ropinirole.

Sonata 10 MG Cap: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment;

Decision rationale: ODG recommends treatment of secondary insomnia with pharmacological and/or psychological measures. ODG recommends zaleplon (Sonata) for short-term use (7-10 days). Significant response to sleep medications is not documented in this case, despite long-term use. No rationale is documented which would support concurrent use of multiple hypnotic agents for sleep. Based upon lack of documented response to sleep medications, as well as lack of current clinical documentation, medical necessity is not established for the requested Sonata.

Zoloft 100 MG Tab: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: MTUS recommends antidepressant medication as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition to chronic pain, claimant has a history of long-standing depression and anxiety. However, due to lack of current clinical documentation, there is insufficient information to support the requested Zoloft.

Zolpidem 10 MG Tab: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment, Zolpidem (Ambien®).

Decision rationale: ODG recommends treatment of secondary insomnia with pharmacological and/or psychological measures. ODG recommends zolpidem (Ambien) for short-term use (2-6 weeks). Significant response to sleep medications is not documented in this case, despite long-term use. No rationale is documented which would support concurrent use of multiple hypnotic agents for sleep. Based upon lack of documented response to sleep medications, as well as lack of current clinical documentation, medical necessity is not established for the requested zolpidem.

Restoril 15 MG Cap: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment

Decision rationale: MTUS does not recommend long-term use of benzodiazepines, noting risk for dependence and rapid development of tolerance to hypnotic and anxiolytic effects of this class of drugs. ODG recommends treatment of secondary insomnia with pharmacological and/or psychological measures. ODG recommends short-term use of FDA-approved benzodiazepines including temazepam (Restoril) for sleep maintenance insomnia. Significant response to sleep medications is not documented in this case, despite long-term use. No rationale is documented which would support concurrent use of multiple hypnotic agents for sleep. Based upon lack of documented response to sleep medications, as well as lack of current clinical documentation, medical necessity is not established for the requested Restoril.