

Case Number:	CM14-0204788		
Date Assigned:	12/17/2014	Date of Injury:	07/07/2014
Decision Date:	02/04/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/08/2014

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:

Patient is a 19-year-old female with date of injury 07/07/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/27/2014, lists subjective complaints as pain in the left wrist. MRI of the left wrist on 09/03/2014 was normal. Objective findings: Examination of the left wrist revealed a Jamar dynamometer test result for the thumb of 5, 3, and 3 pounds. Positive Finkelstein test on the left. No other physical examination findings were documented by the provider. Diagnosis: 1. Left thumb tenosynovitis. Original reviewer modified medication request to only a one month supply of Sonata and Tramadol for the purposes of weaning. The medical records supplied for review document that the patient was first prescribed the following medication on 09/03/2014. Medication: 1. Sonata 10mg, #60 SIG: qhs prn2. Tramadol 37.5/325mg, #120 SIG: bid prn.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Insomnia treatment

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

Decision rationale: Zaleplon (marketed under the brand names Sonata, Starnoc and Andante) is a sedative-hypnotic, almost entirely used for the management/treatment of insomnia. It is a non-benzodiazepine hypnotic from the pyrazolopyrimidine class. The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. Sonata 10mg #60 is not medically necessary.

Tramadol 37.5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation supporting the continued long-term use of opioids. Tramadol 37.5/325mg #120 is not medically necessary.