

Case Number:	CM15-0102786		
Date Assigned:	07/17/2015	Date of Injury:	04/15/2008
Decision Date:	09/09/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 is a 61 year old male, who sustained an industrial injury on April 15, 2008. The injury occurred when the injured worker fell from a pipe which was fifteen feet above the ground. The injured worker fell onto a boiler, injuring the right side of his body and then fell to the ground landing on his left side. The injured worker immediately experienced right shoulder, right scapular region, neck, entire back and right knee pain. The injured worker also developed right eye symptoms several months later. The diagnoses have included right knee internal derangement with meniscal tear, right knee anterior cruciate ligament insufficiency-partial anterior cruciate ligament tear, left knee chondromalacia patella, cervical spine spondylosis, cervical bilateral upper extremity radiculitis, lumbar spine spondylosis, lumbar spine strain- sprain, bilateral shoulder strain, right eye orbitopathy, decreased vision right eye, carpal tunnel syndrome left greater than the right, cognitive disorder, sleep disorder and depressive disorder. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies, physical therapy, chiropractic treatments, acupuncture treatments, transcutaneous electrical nerve stimulation unit, home exercise program, right eye surgery and right knee surgery on 3/4/2015. The injured worker was not working. Current documentation dated May 4, 2015 notes that the injured worker reported right knee pain, which had improved since the surgery. The documentation supports the injured worker had developed a deep vein thrombosis post right knee surgery. Examination of the right knee revealed tenderness to palpation over the medial and lateral joint lines. Crepitus was noted. A compression test and grind test were positive. Range of motion was noted to be: flexion 125 degrees and extension 0. There was grade 4 of 5 weaknesses in flexion and extension. The

injured worker was noted to have a sleep disorder in which the injured worker failed behavioral techniques for improved sleep. The treating physician's plan of care included a request for Sonata 10 mg # 30.

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 (Chronic): Insomnia treatment. (2015).

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: The California Medical Treatment Utilization Schedule (MTUS) does not address Sonata. The Official Disability Guidelines (ODG) were referenced. The ODG state that Sonata is a non-benzodiazepine sedative-hypnotic medication for the treatment of insomnia. Sonata is considered a first-line medication for insomnia. Sonata is a benzodiazepine -receptor agonist which is a schedule IV controlled substance, which means it has potential for abuse and dependency. Sonata reduces sleep latency. Abrupt discontinuation may lead to withdrawal. This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. In this case, the injured worker was noted to have a sleep disturbance since February of 2012. There is lack of documentation of the prior use of sleep aides or failed behavioral techniques noted in the medication records. There is no clear indication in the medical records as to the sudden need for a sleep aide. The injured worker has a long history of sleep disturbance. This medication is not recommended for long-term use. The request for Sonata is not medically necessary.