

Case Number:	CM15-0016388		
Date Assigned:	02/04/2015	Date of Injury:	04/05/2013
Decision Date:	04/01/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/28/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old male injured worker suffered and industrial injury on 4/5/2013. The diagnoses were myofascial sprain of the cervical spine, sprain of the right and left shoulder, myofascial sprain of the lumbar spine, lumbar radiculopathy, sprain of the right knee, and osteoarthritis of the right knee. The diagnostic studies were magnetic resonance imaging, electromyography / nerve conduction velocity. The treatments were medications, Synvisc to the right knee, physical therapy, and chiropractic. The treating provider reported constant moderate to severe low back pain that increases with motion. The exam revealed tightness and tenderness with spasm over the lumbar muscles. Also noted was facet tenderness and sacroiliac tenderness. The pain is reported to extend to the right knee. The injured worker reported right knee pain wearing a hinged brace. The Utilization Review Determination on 1/1/2015 non-certified Ultram ER #30, citing MTUS and Sonata 10mg, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: The injured worker sustained a work related injury on 4/5/2013. The medical records provided indicate the diagnosis of myofascial sprain of the cervical spine, sprain of the right and left shoulder, myofascial sprain of the lumbar spine, lumbar radiculopathy, sprain of the right knee, and osteoarthritis of the right knee. Treatments have included Synvisc to the right knee, physical therapy, and chiropractic. The medical records provided for review do not indicate a medical necessity for Ultram ER #30. The records indicate the injured worker's pain has progressively worsened despite being treated with Ultram. The MTUS recommends discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances; Continuing pain with the evidence of intolerable adverse effects, (c) Decrease in functioning. The request is not medically necessary.

Sonata 10mg: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Official Disability Guidelines - Pain (Chronic) Insomnia treatment. 2. Drugs.com; <http://www.drugs.com/sonata.html>. 2. Drugs.com <http://www.drugs.com/sonata.html>.

Decision rationale: The injured worker sustained a work related injury on 4/5/2013. The medical records provided indicate the diagnosis of myofascial sprain of the cervical spine, sprain of the right and left shoulder, myofascial sprain of the lumbar spine, lumbar radiculopathy, sprain of the right knee, and osteoarthritis of the right knee. Treatments have included Synvisc to the right knee, physical therapy, and chiropractic. The medical records provided for review do not indicate a medical necessity for Sonata 10mg. Zaleplon (Sonata) is a non-Benzodiazepine sedative-hypnotics considered as a first-line medication for insomnia. The official Disability Guidelines and Drug.com recommend the use of this medication no longer than 7-10 days. The request is not medically necessary.