

Case Number:	CM15-0143902		
Date Assigned:	08/04/2015	Date of Injury:	03/01/2012
Decision Date:	09/08/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/24/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 59 year old female with an industrial injury dated 03-01-2012. The injured worker's diagnoses include cervical musculoligamentous sprain and strain with associated muscle contraction headaches, thoracic musculoligamentous sprain and strain, lumbosacral musculoligamentous sprain and strain, right shoulder subacromial bursitis, tendinitis and impingement, left shoulder periscapular myofascial strain, bilateral forearm and wrist flexor and extensor tendinitis, bilateral elbow medial and lateral epicondylitis, right elbow cubital tunnel syndrome, status post bilateral carpal tunnel release and bilateral knee patellofemoral arthralgia with history of bilateral operative arthroscopies. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-22-2015, the injured worker reported cervical, thoracic and lumbar spine pain. The injured worker rated cervical pain 8 out of 10. The injured worker rated lumbar spine pain a 7-8 out of 10. The injured worker also reported right shoulder pain rated an 8 out of 10 and bilateral wrist pain rated a 8 out of 10 with numbness and weakness. Documentation noted that the injured worker was not interested in right shoulder surgery at this time and that the injured worker reached maximum medical improvement (MMI). Several documents within the submitted medical records are difficult to decipher. Objective findings revealed cervical spine tenderness, lumbar spine spasms, and positive Tinel's of bilateral wrist. The injured worker rated overall pain 4-5 out of 10 with Norco and Sonata and 9 out of 10 without medication. The treatment plan consisted of medication management, home care and follow up appointment. The treating physician prescribed Sonata 10mg, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Mental Illness & Stress Chapter (online version) 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) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Sonata, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Sonata treatment. Finally, there is no indication that Sonata is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Sonata is not medically necessary.