

Case Number:	CM15-0160365		
Date Assigned:	08/26/2015	Date of Injury:	01/12/1996
Decision Date:	09/29/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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
Certification(s)/Specialty: Emergency 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 year old male, who sustained an industrial injury on January 1, 1996, incurring low back injuries. He was diagnosed with lumbar disc disease. He had a history of osteoarthritis, morbid obesity, hypertension, chronic obstructive pulmonary disease, and restrictive lung disease. Treatment included anti-inflammatory drugs, sleep aides, antidepressants, muscle relaxants, steroids, and activity restrictions. Currently, the injured worker complained of anxiety, depression, insomnia and tension secondary to increased back pain. He was diagnosed with chronic depression due to multiple medical issues. The treatment plan that was requested for authorization included a prescription for Sonata.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Sonata 10mg #30 with 2 refills, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note that this sleep aid is only noted as being effective for up to five weeks. The injured worker has a history of osteoarthritis, morbid obesity, hypertension, chronic obstructive pulmonary disease, and restrictive lung disease. Treatment included anti-inflammatory drugs, sleep aides, antidepressants, muscle relaxants, steroids, and activity restrictions. Currently, the injured worker complained of anxiety, depression, insomnia and tension secondary to increased back pain. He was diagnosed with chronic depression due to multiple medical issues. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Sonata 10mg #30 with 2 refills is not medically necessary.