

Case Number:	CM15-0184155		
Date Assigned:	09/24/2015	Date of Injury:	03/13/2006
Decision Date:	11/12/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old male who sustained an industrial injury on 03/13/2006. Medical records indicated the worker was treated for lumbar pain with radiculopathy, facet hypertrophy, and degenerative disc disease of the lumbar spine. In the provider notes of 08-11-2015 the injured worker complains of muscle spasms and nighttime pain with insomnia. The worker has used Soma for muscle spasms and nighttime pain with insomnia for several years. He now takes Tramadol for pain, and on a pain scale of 0-10, his pain is rated as a 5 without Tramadol and is reduced to a 2 with Tramadol. His pain is located in the right leg, right buttock, and right low back. The frequency of the pain and spasticity is intermittent, and the quality is sharp, and stabbing. The pain is made worse by lifting, bending, twisting and lack of sleep. It is made better with sleep, heat, medication, and position changes. His pain between visits was an average of 3 with the worst being 6 and the least ten with medications. Without medications, the worker states his least pain is 2, average pain is 4 and the worst pain an 8. On exam, his lumbosacral area has right buttock pain on palpation. HIs straight leg raise is negative on the right and positive on the left. The plan of care is for medication refills and a trial of Silenor for insomnia to allow for weaning of Soma. Sleep hygiene was reviewed. A request for authorization was submitted for POS Silenor tab 6mg Supply: 30 Qty: 30 Refills: 00 Rx date 8-31-15. Carisoprodol tab 350mg Day supply: 20 Qty: 20 Refills: 0 Rx date 8-29-15. Tramadol HCL tab 50mg Day supply: 30 Qty: 120 Refills: 00 Rx date 8/29/15: A utilization review decision 09-08-2015 denied the request for POS Silenor Tab 6 mg, approved. Carisoprodol tab

350mg Day supply: 20 Qty: 20 Refills: 0 for weaning purposes. Approved Tramadol HCL tab
50mg Day supply: 30 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS Silenor tab 6mg Supply: 30 Qty: 30 Refills: 00 Rx date 8/31/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Official Disability Guidelines/Treatment in Workers Compensation/Pain states regarding insomnia treatment "Pharmacological agents should be used only after careful evaluation of potential causes of sleep disturbance." The records in this case do not document such an assessment to support an indication for this treatment. This treatment is not medically necessary.