

Case Number:	CM15-0020971		
Date Assigned:	02/13/2015	Date of Injury:	05/18/2011
Decision Date:	03/26/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/03/2015

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: 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 48-year-old male, with a reported date of injury of 05/18/2011. The diagnoses include lumbar facet joint syndrome, lumbar facet joint arthralgia, facet joint pain, chronic neck pain with spondylosis and borderline spinal stenosis, chronic low back pain, and status post right knee arthroscopy, medial meniscectomy, and patellar chondroplasty. Treatments have included lumbar facet joint nerve radiofrequency nerve ablation/rhizotomy/neurotomy, oral pain medications, and right shoulder surgery. The progress report dated 12/16/2014 indicates that the injured worker complained of persistent right shoulder, right elbow, right hand, right hip, right knee, neck, and low back pain. The injured worker would sleep three or four hours at a time. He also complained of left knee pain and numbness. The treating physician requested Sonata for sleep and Trolamine salicylate to the right hand for cramping. It was noted that the injured worker had difficulty sleeping due to the injury. On 01/16/2015, Utilization Review (UR) denied the request for Sonata 10mg #30, with two refills and Trolamine salicylate 10% cream, three ounces, with five refills. The UR physician noted that there was no documentation of limited sleep, no diagnosis of insomnia, no discussion of sleep hygiene; and no clinical examination involving the right hand, no diagnosis involving the right hand, and no mention of gastrointestinal symptoms. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg #30 x 2 refills: 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, Insomnia

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment, pages 535-536

Decision rationale: Per the MTUS Chronic Pain Treatment Guidelines, chronic sedative hypnotics are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Sedative hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG). Additionally, Sonata is a non-benzodiazepine hypnotic not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Submitted documents have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered for this injury without diagnosis, clinical findings or demonstrated failed first-line approach of sleep hygiene to support its use. The Sonata 10mg #30 x 2 refills is not medically necessary and appropriate.

Trolamine Salicylate 10% cream 3 oz x 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medication as the patient is concurrently taking other symptom relief medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury beyond guidelines criteria. The Trolamine Salicylate 10% cream 3 oz x 5 refills is not medically necessary and appropriate.

