

Case Number:	CM15-0211048		
Date Assigned:	11/24/2015	Date of Injury:	01/06/2014
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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: 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 41 year old female injured worker suffered an industrial injury on 1-6-2014. On 8-19-2015 the provider reported right shoulder symptoms were gradually returning with lifting, push, pull and reach were decreased with medication and home exercise program. There was decreased range of motion. The pain was rated 6 to 7 out of 10. Prior treatments included cortisone injection 7-2015. Voltaren had been in use since at least 5-2014. Sonata had been in use since at least 5-2015. Diagnostics included ultrasound 7-17-2014 revealed right AC hypertrophy and partial thickness rotator cuff tear. The handwritten documentation provided was difficult to read. There was no medical record evidence of effectiveness of the requested treatments. There was no description of insomnia or difficulty sleeping. Request for Authorization date was 8-19-2015. Utilization Review on 10-20-2015 determined non-certification for 30 Voltaren XR 100mg and 30 Sonata 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Voltaren XR 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The injured worker has been prescribed Voltaren since May, 2015 without objective evidence of functional improvement. Additionally, this medication is not considered at first-line NSAID due to side effects. Furthermore, this medication has been denied on previous reviews. The request for 30 Voltaren XR 100mg is not medically necessary.

30 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), Pain (Chronic): Insomnia treatment (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Section and Other Medical Treatment Guidelines <http://www.drugs.com/sonata.html>.

Decision rationale: The MTUS guidelines do not address the use of Sonata for insomnia treatment, therefore, alternative guidelines were consulted. Per manufacturer's information, Sonata (zaleplon) is a sedative-hypnotic used to treat insomnia. Per the ODG, non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are used as first-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. There is no complaint of sleeping difficulties in the latest progress report and there is no evidence of efficacy with prior use of the medication. The request for 30 Sonata 10mg is not medically necessary.