

<b>Case Number:</b>	CM15-0211434		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	04/28/2006
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old male, who sustained an industrial injury on 4-28-06. The injured worker was being treated for obstructive sleep apnea. On 9-16-15, the injured worker complains of difficulty sleeping, he denies problems falling asleep, but pain from his injuries wakens him nightly. He reports a combination of muscle relaxants and pain relievers help him sleep. Work status is unclear. Physical exam performed on 9-16-15 revealed left lower abdominal quadrant tenderness on palpation and right groin tenderness on palpation. Treatment to date has included oral medications including Hydrocodone, Tizanidine, Naproxen, Gabapentin and stool softener; topical creams; physical therapy, chiropractic treatment, sleep medicine consult, inguinal hernia repair, lumbar discogram and activity modifications. On 10-9-15 request for authorization was submitted for follow up consultation with board certified sleep medicine doctor. On 10-15-15 request for follow up consultation with board certified sleep medicine doctor was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation follow up with board certified sleep medicine doctor Qty: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2006 when he slipped and fell on a wet restroom floor. He began having difficulty sleeping after his injury. He was seen for a sleep medicine evaluation in October 2009 and was diagnosed with severe obstructive sleep apnea. Use of nasal CPAP and weight reduction was recommended. Sleep hygiene was advised. When seen in September 2015 complaints included difficulty sleeping. He was having no difficulty falling asleep but was awakening with pain in the middle of the night on a daily basis. He was using a combination of muscle relaxants and pain relievers which were helping. Authorization is being requested for a follow-up sleep medicine consultation. Current diagnoses also include depression. Medications are Neurontin, Norco, Zanaflex, and Doc-q-lace. The treatment of insomnia should be based on the etiology. In this case, the claimant has difficulty maintaining sleep due to pain. He has depression which may also be contributing to his insomnia. Further treatment of his night time pain and evaluation of his depression as well as review of his history of CPAP use would be expected by the requesting provider. The requested follow-up consultation is not medically necessary at this time.