

Case Number:	CM15-0221818		
Date Assigned:	11/17/2015	Date of Injury:	01/20/2014
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/11/2015

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 injured worker is a 47 year old male, who sustained an industrial injury on 1-20-14. Medical records indicate that the injured worker is undergoing treatment for contusion of the forearm, crushing injury of the forearm, chronic pain syndrome, carpal tunnel syndrome, lesion of the ulnar nerve, cervical sprain, mononeuritis multiplex and cervicobrachial syndrome. The injured worker is currently permanently totally disabled. On (9-17-15) the injured worker complained of cervical spine and left shoulder, elbow, forearm, wrist and hand pain. The injured workers pain levels were noted to be from 3-5 on the visual analog scale. The pain was noted to awaken the injured worker 1-2 times per night. There is lack of documentation of total sleep hours, when sleep is initiated or other sleep hygiene issues. Examination of the cervical-thoracic spine and left shoulder revealed tightness in the paracervical musculature and trapezius with tenderness. Range of motion was painful. Left shoulder examination revealed moderate tenderness and a decreased range of motion. Left elbow examination revealed tenderness over the medial epicondyle and a decreased range of motion. A Tinel's test was positive. Left forearm, wrist and hand examination revealed forearm swelling, decreased wrist range of motion and a positive Finkelstein's test. The left hand was markedly cooler with an increased sweat pattern. Treatment and evaluation to date has included medications, bracing, compression glove, heat applications, physical therapy, stretching exercises, a transcutaneous electrical nerve stimulation unit and a functional restoration program. Current medications include hydrocodone, Naproxen, Cymbalta, Prilosec, Sonata (since at least July of 2015), Ambien (since at least June of 2015) and Flexeril (since at least June of 2015). The current treatment requests are for Ambien 10mg #14, Flexeril 10mg #30 and Sonata 5mg #5. The Utilization Review documentation dated 11-2-15 non-certified the requests for Ambien 10mg #14, Flexeril 10mg #30 and Sonata 5mg #5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 5mg 1 tab at bedtime #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), Lidoderm (lidocaine patch).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/sonata.html>.

Decision rationale: MTUS guidelines and ODG do not discuss the use of Sonata for insomnia, therefore, alternative guidelines were consulted. Per manufacturer information, Sonata (zaleplon) is a sedative hypnotic used to treat insomnia. In this case, sleeping medications have been used in a chronic manner which is not supported by the guidelines. The request for Sonata 5mg 1 tab at bedtime #5 is not medically necessary.

Ambien 10mg 1 tab prn at bedtime #14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. 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. The request for Ambien 10mg 1 tab prn at bedtime #14 is not medically necessary.

Flexeril 10mg 1 tab TID #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Weaning of Medications.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment.

Cyclobenzaprine is associated with drowsiness and dizziness. In this case, this medication is being prescribed in a chronic manner and there is no evidence of acute muscle spasm. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10mg 1 tab TID #30 is not medically necessary.