

Case Number:	CM15-0034795		
Date Assigned:	03/03/2015	Date of Injury:	01/12/2014
Decision Date:	04/21/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/24/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 59-year-old male, who sustained an industrial injury on 01/12/2014. Initial complaints reported included lumbar back pain. The injured worker was diagnosed as having lumbar strain/sprain and muscle spasm of the back. Treatment to date has included conservative care, medications, lumbar epidural steroid injections, physical therapy, x-rays and MRIs of the lumbar spine, chiropractic manipulation, acupuncture, electrodiagnostic testing, and trigger point injections. Currently, the injured worker complains of constant moderate low back pain (7/10) with radiation through both lower extremities associated with numbness and tingling. Current diagnoses include lumbar spine strain/sprain with MRI evidence of L4-L5 disc bulge and right neuroforaminal stenosis and mild effusion. The treatment plan consisted of Sonata per the IMR request as the request for authorization and most current exam (prior to or at time of request) were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg 1 QHS #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Editions, Chapter 7, Independent Medical Examinations and Consultation, page 127.

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

Decision rationale: This 59 year old male has complained of low back pain since date of injury 1/12/14. He has been treated with epidural steroid injection, trigger point injection, acupuncture, physical therapy and medications. The current request is for Sonata, a medication used to treat insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. On the basis of the available medical documentation, Sonata is not indicated as medically necessary in this patient.