

Case Number:	CM14-0112553		
Date Assigned:	08/01/2014	Date of Injury:	10/22/1999
Decision Date:	09/30/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old female who reported an injury on 10/22/1999 due to an unknown mechanism. Diagnoses were chronic neck pain with degenerative disc disease and chronic tension headache, repetitive stress injury of both upper extremities and shoulders, chronic low back pain with degenerative disc disease, prior history of nonindustrial migraine headache, difficulty with adjustment to pain and disability, anxiety, depression, gastritis, irritable bowel syndrome, anemia, nausea and vomiting which may be secondary to Metaxalone, improved with promethazine, possible nonindustrial right foot plantar fasciitis. Past treatments have been medications, acupuncture, massage therapy. Diagnostic studies were not reported. Surgical history was not reported. Physical examination on 04/02/2014 revealed complaints of headache and difficulty concentrating and helping her daughter with her homework. She complained that she had more headaches, more pain, was in a bad mood, was nervous, was fighting with her husband and child, and crying. Physical examination revealed the injured worker was able to sit to stand, and gait was within normal limits. There was tenderness to trapezius. Medications were promethazine, sertraline, Sonata, isometheptene/acetaminophen/dichloralphenazone, Tylenol, Lidoderm 5% patch, omeprazole, Metaxalone, Midrin. Treatment plan was for medications, acupuncture, and massage. Rationale was acupuncture and massage helped control headaches and pain and enable the injured worker to function better, including helping her daughter with homework. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Sonata 10 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia treatment.

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

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Pain, Insomnia Treatment. The Expert Reviewer's decision rationale: The Official Disability Guidelines state that "pharmacological agents should only be used 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. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed as sleep onset, sleep maintenance, sleep quality, next day functioning. There are four categories for the treatment of insomnia which are benzodiazepines, non-benzodiazepines, melatonin and melatonin receptor agonists, and over the counter medications. Sonata falls into the category of non-benzodiazepine sedative hypnotics. They are a first line medication for insomnia. This class of medication includes Ambien, Sonata, and Lunesta. All of the benzodiazepine receptor agonists are scheduled 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 efficacy of this medication was not reported. It was not reported why the injured worker was taking this medication. Also, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

One prescription of Thermacare pads, #75: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162, 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wikipedia, ThermaCare.

Decision rationale: The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Pain, Insomnia Treatment. The Expert Reviewer's decision rationale: The California Medical Treatment Utilization Schedule, ACOEM, and Official Disability Guidelines do not address this request. Another source had to be referred to, which was Wikipedia. ThermaCare is the brand name of a disposable heating pad made by Pfizer Consumer Healthcare. A type of Continuous Low-level Heat wrap Therapy (CLHT), ThermaCare heat wraps activate

upon contact with the air, providing approximately eight hours of heat directly where the heat wrap is applied. ThermaCare heat wraps are available for specific applications, including neck or wrist pain, low back pain, knee pain and menstrual cramps. ThermaCare pads can be purchased over the counter. There was no reference to the injured worker using ThermaCare pads in any of the progress notes. The efficacy of using a ThermaCare pad was not reported. Therefore, this request is not medically necessary.