

Case Number:	CM14-0128054		
Date Assigned:	08/15/2014	Date of Injury:	03/08/2011
Decision Date:	10/30/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, hand, and shoulder pain reportedly associated with an industrial injury of March 8, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; wrist bracing; earlier left carpal tunnel release surgery and left de Quervain's release surgery on September 16, 2013; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 31, 2014, the claims administrator retrospectively denied a request for Sonata and Norco. The claims administrator did incidentally noted that the applicant had issues with diabetes, insomnia, and anxiety, superimposed on chronic pain concerns. The applicant's attorney subsequently appealed. In a May 16, 2014 progress note, handwritten, difficult to follow, the applicant reported persistent complaints of pain and psychological stress. It was stated that the applicant was pending a right carpal tunnel release surgery. Unspecified medications, both oral and topical, were reportedly refilled, while the applicant was kept off of work, on total temporary disability. In a June 25, 2014 progress note, the applicant was reportedly using Norco and Neurontin for ongoing complaints of hand, wrist, and neck pain. It was stated that the applicant might be developing issues with complex regional pain syndrome. The applicant also had superimposed issues with diabetes and gastritis, it was acknowledged. The applicant was having difficulty doing activities of daily living as basic as gripping, grasping, typing, and/or using

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Sonata 10 QHS #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter, Insomnia Treatment topic, Zaleplon section.

Decision rationale: While the MTUS does not specifically address the topic of Sonata usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has failed to outline how ongoing usage of Sonata, a sleep aid, has proven beneficial here. The applicant remains off of work, on total temporary disability. Significant pain complaints and derivative complaints of sleep disturbance persist. All of the above, taken together, suggest that ongoing usage of Sonata has not proven effective and do not make a compelling case for continuation of the same. Similarly, ODG's Mental Illness and Stress Chapter Insomnia Treatment topic notes that Sonata is indicated for short-term use, for up to five weeks. In this case, it appears that the applicant is using Sonata for long-term use purposes as opposed to the short-term role favored by ODG. Therefore, the request is not medically necessary.

Retro Norco 10/325 Q8H #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant's pain complaints are seemingly heightened from visit to visit, as opposed to reduce from visit to visit, despite ongoing usage of Norco. The applicant is having difficulty performing activities of daily living as basic as gripping, grasping, typing, writing, etc., despite ongoing usage of Norco. All of the above, taken together, do no make a compelling case for continuation of the same. Therefore, the request was not medically necessary.