

Case Number:	CM14-0099711		
Date Assigned:	07/28/2014	Date of Injury:	10/02/2011
Decision Date:	09/18/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 patient is a 39-year-old female who sustained an injury on 10/02/2011; reportedly while walking into the freezer she slipped and fell, landing on her buttocks. She fell backwards striking her head on the concrete. She had conservative care including a 06/13/2013 caudal epidural steroid injection with 80% overall improvement and functional improvement in mobility for 10 months. The patient complaints of neck pain with radiation down the bilateral upper extremities, low back pain with radiation down the left lower extremity and upper extremity pain in the left fingers and hand. She rated her pain at 3/10 with medications and 8/10 without medications. She complained of left index finger turning purple at times, which was a new symptom. MRI from 01/05/13 demonstrated C3-4 2-3 mm posterior disc protrusion/extrusion. There was a C5-6 2 mm posterior disc protrusion/extrusion present. A lumbar spine MRI from 03/06/14 revealed an impression of single level disc disease at L5-S1 contributing to mild lateral recess narrowing. Examination findings included moderate distress, multiple tender points noted, cervical spine vertebral tenderness, myofascial trigger points in the left trapezius, slightly to moderately limited cervical spine range of motion, tenderness to palpation in the lumbar region, tenderness at the left acromioclavicular joint and left anterior shoulder, left shoulder range of motion decreased due to pain, and decreased strength of the extensor muscles/flexor muscles in the left upper extremity. Diagnoses include chronic pain, cervical radiculitis, status post cervical spinal fusion, chronic constipation, urinary incontinence and frequency, and history of hemorrhoids. Gabapentin had been beneficial with the intended effect at the prescribed dose. Restone had been prescribed to the patient for persistent/severe insomnia associated with chronic pain. UR request for Restone 3-100 mg 1-2 at bedtime p.r.n. was denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restone100mg #80: Upheld

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

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

Decision rationale: Per ODG, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological / psychological measures. The specific component of insomnia should be addressed: sleep onset, maintenance, quality and next-day functioning. In this case, there is no documentation of a thorough evaluation to rule out other etiologies of sleep disturbance or proper sleep hygiene that is critical to the individual with chronic pain. Therefore, the request is considered not medically necessary.