

Case Number:	CM15-0002198		
Date Assigned:	01/22/2015	Date of Injury:	08/20/2012
Decision Date:	03/17/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/06/2015

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: Indiana
 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 employee is a 19 year old female with a date of injury of 8/20/2012. She is being treated for chronic regional pain syndrome. She has been treated with Prilosec, Cymbalta and Norco for several months and had been taking Sonata for several weeks. In a progress note dated 12/03/2014, the treating physician reports continued right arm pain rated 5/10 in severity, and frustration with the denial of Ketamine. The injured worker was status post a functional restoration program for which she reported great benefit. The injured worker reported stable functionality. The objective examination revealed tight muscle bands and trigger points in the thoracic spine with radiating pain, and right elbow was cold to the touch. The treating physician is requesting a referral for Ketamine and Sonata which were denied by the utilization review. On 12/19/2014, Utilization Review non-certified a request for follow-up at [REDACTED] for consideration of intravenous Ketamine, noting there insufficient evidence to support the use of Ketamine for the treatment of chronic pain. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/19/2014, Utilization Review non-certified a prescription for Sonata 5mg #30 with 2 refills, noting the medications is not recommended for long term use and that the injured worker had recently received approval for a short course. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 01/06/2015, the injured worker submitted an application for IMR for review of follow-up at [REDACTED] for consideration of intravenous Ketamine, Sonata 5mg #30 with 2 refills, physical therapy 2 times a week for 3 weeks TPI's upper body and right stellate ganglion block at [REDACTED]. According to the UR report, the request for physical therapy and the right

Stellate Ganglion block were conditionally non-certified; therefore, these issues are not eligible for the IMR and will not be considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 follow up at [REDACTED] for consideration of IV Ketamine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 56.

Decision rationale: Regarding Ketamine, MTUS states the following: "Not recommended. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain. There are no quality studies that support the use of ketamine for chronic pain, but it is under study for CRPS." There is insufficient medical documentation to show other first line therapies for chronic pain and CPRS were tried and failed. Therefore, the request for 1 follow up at [REDACTED] for consideration of IV Ketamine is not medically necessary.

1 prescription of Sonata 5mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain; insomnia

Decision rationale: The CA MTUS silent regarding this topic. ODG states regarding insomnia, "Recommend correcting deficits, as nonrestorative sleep is one of the strongest predictors for pain." ODG additional details specific components of sleep hygiene, such as "a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. ODG states, "Zaleplon (Sonata) reduces sleep latency. Side effects: headache, drowsiness, dizziness, fatigue, confusion, abnormal thinking. Sleep-related activities have also been noted such as driving, cooking, eating and making phone calls. Abrupt discontinuation may lead to withdrawal. Dosing: 10 mg at bedtime (5 mg in the elderly and patients with hepatic dysfunction). (Morin, 2007) Because of its short half-life (one hour), may be readministered upon nocturnal waking provided it is administered at least 4 hours before wake time. (Ramakrishnan, 2007) This medication has a rapid onset of

action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks."The medical records has indicated that the patient has been on this medication in excess of the 5 week effectiveness recommendation. The medical documents also do not detail the specific complaints of insomnia, diagnosis of insomnia, and what conservative therapy was trailed and the results of those conservative therapy. As such, the request for Sonata 5mg #30 with 2 refills is not medically necessary.