

Case Number:	CM15-0114129		
Date Assigned:	06/22/2015	Date of Injury:	06/30/2003
Decision Date:	07/23/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 61-year-old female who sustained an industrial injury on 06/30/2003. Diagnoses include cervical, thoracic and lumbar musculoligamentous sprain/strain and bilateral shoulder parascapular strain and impingement. Treatment to date has included medications, physical therapy and chiropractic treatment. According to the progress notes dated 5/8/15, the IW reported left shoulder pain that increased with light lifting, pushing, pulling, reaching and compressional loading. Her pain was rated 8-9/10 and was described as frequent, moderate to severe, sharp, stabbing and with associated weakness. On examination, range of motion was limited in the left shoulder with motor strength 4/5. Tenderness, spasms and trigger points were noted in the shoulder and trapezius region. Impingement testing was positive. A request was made for Sonata 10mg, #30 for sleep difficulty after failed behavioral techniques for improved sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Insomnia treatment (updated 04/30/2015), Sedative hypnotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for Sonata, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Sonata treatment. Finally, there is no indication that Sonata is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Sonata is not medically necessary.