

<b>Case Number:</b>	CM15-0124659		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	08/17/2010
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Arizona, Michigan

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 injured worker is a 57-year-old male, with a reported date of injury of 08/17/2010. The mechanism of injury was usual and customary job duties. The injured worker's symptoms at the time of the injury included neck pain. The diagnoses include cervical postlaminectomy syndrome, lumbar intervertebral disc disease with myelopathy, frozen shoulder, cervicobrachial syndrome, and secondary insomnia. Treatments and evaluation to date have included oral medications. The diagnostic studies to date have included a urine drug screen on 05/26/2015. The progress report dated 05/26/2015 indicates that the injured worker complained of pain in the back and neck with radiation to the left lower extremity. The severity of pain was rated 7 out of 10; the current level of pain was rated 10 out of 10; the least reported pain over the period since the last assessment was 5 out of 10; the average pain was rated 8 out of 10; and the intensity of pain after taking the opioid was rated 7 out of 10. It was noted that the pain relief lasted 1 hour or less. The objective findings include depression, anxiety, insomnia, and decreased and painful neck and back range of motion. It was noted that the injured worker continued with ongoing chronic pain in the neck and the back; the medications were reviewed on the day of the visit and were effective and shoulder remain stable. The injured worker's work status was documented as permanent and stationary. The treating physician requested Sonata, a functional capacity evaluation, a dental consultation due to cavities from long-term opiate use, and E-stim (electrical stimulation) to improve daily function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dental Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Per the MTUS / ACOEM referrals to specialists are appropriate when needed, a review of the injured workers medical records reveal a request for referral for dental consult. However the medical records that are available to me do not reveal documentation of dental complaints, nor is there a corroborating physical examination or actual diagnosis of dental caries, without this information it is not possible to determine if a dental consult is medically necessary, therefore the request for dental consult is not medically necessary.

**Functional Capacity Evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 1, 4, and 12.

**Decision rationale:** The CA MTUS/ACOEM Guidelines indicate that occupational physicians are often called on to determine a person-job match, which is sometimes called "fitness for duty." "To determine fitness for duty, it is often necessary to "medically" gauge the capacity of the individual compared with the objective physical requirements of the job based on the safety and performance needs of the employer and expressed as essential job functions." The guidelines also indicate that there is not good evidence that functional capacity evaluations (FCEs) are connected with a lower frequency of health complaints or injuries. The non-MTUS Official Disability Guidelines indicate that a functional capacity evaluation is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. An FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants." It was noted that the injured worker was not working. There was documentation that the injured worker had an initial vocational rehabilitation evaluation. A letter from the vocational rehabilitation facility dated 04/07/2015 recommended a functional capacity evaluation to complete the vocational evaluation. Therefore, the request for a functional capacity evaluation is medically necessary.

**Sonata:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 CA MTUS Guidelines do not address Sonata. Sonata (Zaleplon) is a hypnotic agent. The non-MTUS Official Disability Guidelines recommend that insomnia treatment is based on the cause. The guidelines indicate that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Secondary insomnia may be treated with pharmacological and/or psychological measures. It was documented that the injured worker had pain-related insomnia. Sonata is said to reduce sleep latency, and its side effects include: headache, drowsiness, dizziness, fatigue, confusion, abnormal thinking. The guidelines state that "abrupt discontinuation may lead to withdrawal." "Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks." The injured worker has been taking Sonata since at least 02/13/2015 according to the medical records provided. He stated that Sonata was the most helpful medication he had tried for improvement in sleep. The injured worker had tried multiple medications and has had either a side effect or ineffectiveness. It was noted that the injured worker had no side effects with use of Sonata. Therefore, the request for Sonata is medically necessary.

**E-Stim (Electrical Stimulator):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** The CA MTUS Guidelines indicate that electrotherapy is the therapeutic use of electricity and is another mode that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy in which electrical stimulation is applied to the surface of the skin. There are many forms/types of electrotherapy; however, the request does not specify the type of electrotherapy to be used. The medical records do not clearly indicate the specific site of application for use. As such, the request for electrical stimulation is not sufficient and not medically necessary.