

Case Number:	CM15-0171067		
Date Assigned:	09/11/2015	Date of Injury:	12/02/2010
Decision Date:	10/09/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/31/2015

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, California
 Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on December 2, 2010, incurring neck, shoulders, back, upper and lower extremities injuries. He was diagnosed with cervical disc disease, rotator cuff tear and cephalgias. He underwent an anterior neck fusion on November 17, 2014 and right shoulder rotator cuff tear repair. Treatment included physical therapy and home exercise program, pain medications, muscle relaxants, anti-inflammatory drugs, ice, heat, antidepressants, sleep aides and restricted activities. Currently, the injured worker complained of persistent neck pain and numbness in the front right of his neck. He complained of upper arm tenderness with stiffness to the right shoulder. He had limited range of motion, reduced strength and a decrease in functional status. He noted a development of depression, anxiety and stress and difficulty sleeping secondary to his industrial injury and chronic pain. He continued with pain medications and rest for pain relief. The treatment plan that was requested for authorization on July 20, 2015, included a prescription for Prosom with two refills. On July 31, 2015, utilization review denied the request for the prescription for Prosom.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom tab 2mg 1 QHS sleep #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant had sleep difficulties due to pain rather than a primary sleep disorder. Addressing pain rather than 3 months of sleep medications are prudent. The long-term use of Prosom for insomnia is not indicated nor recommended by the guidelines. The Prosom is not medically necessary.