

Case Number:	CM15-0177397		
Date Assigned:	09/18/2015	Date of Injury:	11/22/2011
Decision Date:	10/22/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/09/2015

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: North Carolina
 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 46-year-old male, who sustained an industrial injury on November 22, 2011. The injured worker is diagnosed as having cervical disc protrusion, cervical radiculopathy, lumbar sprain-strain, lumbar disc protrusion and lumbar radiculopathy. Currently, the injured worker complains of neck pain that radiates to the upper extremities and is rated at 7 on 10 and low back pain that radiates to the bilateral lower extremities with numbness and tingling and is rated at 9 on 10. Physical examinations dated February 25, 2015 - April 22, 2015 revealed bilateral paraspinal tenderness at C4-C7 as well as the bilateral upper trapezius. Cervical range of motion as follows; flexion 40 degrees, extension 45 degrees, right rotation 60 degrees, left rotation 60 degrees, right lateral flexion 30 degrees and left lateral flexion 30 degrees. There is tenderness in the bilateral "upper and middle rhomboid" as well as midline tenderness at the "thoracolumbar junction." There is tenderness at the L4-L5 and L5-S1 levels as well as "superior iliac crest" (right greater than left). Range of motion to the lumbar spine is as follows; flexion 40 degrees and extension 25 degrees. Treatment to date has included toxicology screen, acupuncture (notes are difficult to decipher), medication (Ibuprofen, Norco, Cyclobenzaprine, Terocin patch, topical creams, Genicin and Somnicin-ordered for at least 6 months), electro diagnostic studies, MRI and physical therapy (the January 14, 2015 note stated he was able to engage in treatment, but did not state therapeutic efficacy). The medication Somnicin #30 is denied, as there is not a diagnosis of insomnia and documentation that "standard sleep hygiene techniques" have been tried and failed, per Utilization Review letter dated August 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somnicin #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers Compensation, 9th edition (web): Insomnia treatment.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating anti-depressants have also been used to treat insomnia however, there is less evidence to support their use for insomnia, but they may be an option in patients with co-existing depression. The patient does not have the diagnosis of primary insomnia or depression. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore, the request is not medically necessary.