

Case Number:	CM15-0078023		
Date Assigned:	04/29/2015	Date of Injury:	02/16/2014
Decision Date:	06/03/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 30 year old man sustained an industrial injury on 2/16/2014. The mechanism of injury is not detailed. Diagnoses include chest pain, brachial neuritis or radiculitis, thoracic spine pain, and unspecified musculoskeletal disorders and symptoms referable to neck. Treatment has included oral medications. Physician notes on a PR-2 dated 3/12/2015 show complaints of right shoulder, neck, and arm pain rated 6-7/10 that is noted to be unchanged. Recommendations include continuing the current medication regimen, continue physical therapy, complete x-rays of the cervical and thoracic spine and right shoulder, right shoulder MRI, pain management consultation, a topical cream, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS: 03/16/2015) Somnicin #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://sales.advanceroxmgt.com/sales-content/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf>.

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: MTUS does not discuss this request. ODG recommends pharmacological treatment of insomnia only after specific documentation and evaluation of the etiology of sleep dysfunction and failure of initial non-pharmacological treatment. The records in this case provide only very limited documentation of the nature of the patient's sleep symptoms and any past evaluation/treatment. Overall the treatment guidelines have not been met; this request is not medically necessary.