

Case Number:	CM14-0141960		
Date Assigned:	09/10/2014	Date of Injury:	02/07/2005
Decision Date:	10/06/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Internal Medicine is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49 year old male who reportedly suffered an industrial injury on 2/7/2005. The patient's diagnoses included medication induced sexual dysfunction, medication induced gastritis, lumbar radiculopathy, lumbar sprain, cervical sprain and cervical radiculopathy. Imaging studies included MRI of the cervical and lumbar spine done in 5/2014 indicating disk protrusion along with foraminal stenosis at C4-C5 and in the lumbar spine as well. He had radiculopathy documented by diagnostic electrophysiological studies including C5 radiculopathy and C6 mild acute radiculopathy. He also had a mild acute left L5 radiculopathy. The patient was prescribed Sonata 10 mg orally once at night, and a request was made for this medication. Additional medications included Norco, Anaprox, Prilosec, Topamax, Cymbalta, Cialis and MS Contin. The patient was seen by an orthopedic / spine surgeon on 8/18/2014 and request for C4-C5 and C5-C6 surgery was sought including discectomy with anterior fusion. Physical examination, of note, was consistent with radiculopathy in the upper left extremity and lower left extremity with diminished muscle strength, loss of sensation and positive sciatic notch tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

SONATA 10 MG AT BEDTIME PRN QTY #30 TABLETS IN ORDER TO ALLOW FOR A TAPER AND DISCONTINUATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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, Insomnia Treatment.

Decision rationale: The patient reportedly has insomnia related to chronic pain but also has comorbid depression. As such, treatment of insomnia should take into account the etiology of depression, non pharmacological measures and pharmacological measures for the shortest time possible and at the lowest possible dose. These medications have significant withdrawal phenomena associated with them and should not be abruptly stopped. Therefore, the request is approved. However, it is encouraged to document the patient's specific sleep disorder, its probable etiology and to implement non-pharmacological strategies. In addition, it is important to rule out disorders such as obstructive sleep apnea which may be impairing the patient's sleep. Finally, it is important to ensure that concurrent mental disorders are being treated appropriately and fully. Although the current request for Sonata is recommended for certification, no future requests are recommended for certification until documentation is available that these matters outlined in this discussion are addressed fully. Longer term treatment with Zolpidem have been performed (24 weeks in total) showing good and ongoing efficacy and this is expected to apply to Zaleplon as well, but there is no direct evidence of any trials of Zaleplon beyond five weeks. Therefore, careful consideration of long term pharmacological treatment is required. The primary reason for certification at this time is that abrupt discontinuation is potentially associated with serious problems related to withdrawal but as indicated, the provider has not documented a comprehensive history and physical examination related to insomnia. This is ordinarily expected prior to onset of long term pharmacological treatment of insomnia. The request is medically necessary.