

Case Number:	CM14-0148075		
Date Assigned:	09/18/2014	Date of Injury:	06/30/2007
Decision Date:	10/23/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine & Rehabilitation and 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 reported a work related injury on 06/30/2007. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of cervical disc disorder with myelopathy, and post cervical laminectomy. Past treatment that was provided for review was surgical intervention and a neck brace. The injured worker's diagnostic studies were not provided for review. Surgical history included a cervical laminectomy. Upon examination on 07/21/2014, the injured worker complained of neck pain mostly after sitting for 30 minutes. He stated he had muscle spasms in the base of his neck after sitting unsupported. Upon physical examination, it was noted that the injured worker appeared to be disheveled. The cervical spine range of motion was restricted due to the use of her cervical brace collar; movement of the neck was restricted with flexion limited to 25 degrees, extension limited to 10 degrees, and left lateral rotation limited to 35 degrees. The injured worker's treatment plan consisted of 5 mg of Sonata. The injured worker's prescribed medications and rationale for the request was not provided for review. A Request for Authorization form was submitted for review on 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sontata 5mg 100's: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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: Sonata is used to treat insomnia. The Official Disability Guidelines state pharmacological agents for insomnia should be used after careful evaluation of potential cause of the 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 psychological measures. The specific component of insomnia should be addressed: such as sleep onset; sleep maintenance; sleep quality; and next day functioning. Sonata is classified as a non-benzodiazepine sedative hypnotic, which is a first line medication for insomnia. However, Sonata is indicated for short term use, which is 7 to 10 days, to treat insomnia. The medical documentation provided for review does not document previous treatment and testing for insomnia, efficacy, frequency, and duration of this medication. The request for Sonata is not medically necessary.