

<b>Case Number:</b>	CM14-0112630		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/09/1997
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine 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 records presented for review indicate that this 49 year-old female was reportedly injured on 7/9/1997. The most recent progress note, dated 6/11/2014. Indicates that there are ongoing complaints of neck and low back pain that radiates into the bilateral lower extremities. The physical examination demonstrated cervical spine: straightening of the spine with loss of normal cervical lordosis. Restricted range of motion with pain. Positive tenderness to palpation of the paravertebral muscles with noted trigger points and hypertonicity with twitch response bilaterally. Tenderness is noted in the trapezius. Positive Spurling's causes pain rating to the shoulder but not upper extremity. Lumbar spine: restricted range of motion in all planes. Positive tenderness to palpation of the paravertebral muscles with tight muscle band noted bilaterally. Internal rotation of the femur results in deeper buttock pain. Bilateral lower extremity muscle strength 5/5. Sensory exam unremarkable. No recent diagnostic studies are available for review. Previous treatment includes injections, medications, and conservative treatment. A request had been made for Sonata 10 mg #30 with three refills and was not certified in the pre-authorization process on 7/3/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sonata 10mg #30 With 3 Refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC / ODG Integrated Treatment/Disability Duration Guidelines; Mental Illness & Stress - Sedative Hypnotics (updated 6/12/14).

**Decision rationale:** MTUS/ACOEM practice guidelines do not address this request. The Official Disability Guidelines (ODG) lists Sonata (Zaleplon) as a short-acting non-benzodiazepine hypnotic which is clinically indicated for the short-term treatment (3 weeks maximum) of insomnia. Given the habit-forming potential, guidelines specifically do not recommend it for long-term use in the treatment of chronic pain. After review the medical records provided it is noted that the medication has been prescribed for long-term use. As such, the request for Sonata 10 mg #30 with 3 refills is not medically necessary and appropriate.