

<b>Case Number:</b>	CM14-0125767		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/15/2009
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Interventional Spine 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 54 year old male with an injury date on 01/15/2009. Based on the 01/07/2014 progress report provided by [REDACTED], the diagnoses are: depressive Disorder Not Otherwise Specified, and panic Disorder without Agoraphobia. According to this report, the patient complains of anxiety, tension, irritability, quick temper, panic attacks, insomnia, depression, and impaired memory. Physical exam findings were not included in any of the reports provided. There were no other significant findings noted on this report. The utilization review denied the request on 07/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/07/2014 to 07/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sonata 10mg #30 x 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, Chronic Pain Chapter, Insomnia Treatment, for Ambien states: "...2) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications

for insomnia. This class of medications includes zolpidem (Ambien® and Ambien® CR), zaleplon (Sonata®), and eszopicolone (Lunesta®).

**Decision rationale:** According to the 01/07/2014 report by [REDACTED] this patient presents with anxiety, tension, irritability, quick temper, panic attacks, insomnia, depression, and impaired memory. The treating physician is requesting for Sonata 10mg #30 with 2 refills. Sonata was first noted in the 01/07/2014 report. The report containing the request is dated 01/07/2014 and the utilization review letter in question is from 07/24/2014. The MTUS and ACOEM Guidelines do not address Sonata; however, ODG Guidelines states that Sonata is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, the requested Sonata #30 with 2 refills exceeds what is recommended by the guidelines. Therefore, the request is not medically necessary.