

<b>Case Number:</b>	CM14-0129727		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	06/12/1997
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 and is licensed to practice in Texas. 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:

Medical records reflect the claimant is 59 year old female who sustained a work injury on 6-12-97. On this date, the claimant bumped into boxes of creamer. This claimant is status post C5 to C7 fusion. The claimant had C5 to C6 fusion in November 2009 and fusion C6-C7 in 2003. Office visit on 7-2-14 notes the claimant is being related with medications. Neurological exam is intact. The claimant has a normal gait. The claimant has trouble sleeping. Ambien is no longer effective. The cl requested an alternative sleeping aid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sonata 10mg one tablet prior to sleep, #30:** 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 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 chapter - insomnia treatment

**Decision rationale:** ODG reflects that Zaleplon (Sonata) reduces sleep latency. This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. The claimant reported that Ambien is no longer

effective. The claimant reports trouble sleeping. There is an absence in documentation noting this claimant's sleep habits/patterns, or documentation as to how the diagnosis of insomnia was arrived. There is no documentation as to other forms of treatment attempted and failed other than the use of Ambien. Therefore, the medical necessity of this request is not established.