

<b>Case Number:</b>	CM14-0156628		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	02/02/1976
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 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 67-year-old male who reported an injury on 02/02/1976. The mechanism of injury was not stated. The current diagnoses include failed low back pain syndrome, status post lumbar laminectomy and discectomy in 2010, chronic bilateral hip arthritis, status post bilateral total hip replacement, chronic right shoulder pain, status post right distal clavicle resection in 1977, bilateral carpal tunnel release, chronic posterior neck pain, status post C5-6 anterior cervical discectomy, and medication management. The injured worker was evaluated on 08/25/2014. The current medication regimen includes Vicodin ES, Valium, Percocet, and Zaleplon. The injured worker reported persistent neck and left hip pain as well as right shoulder pain. Physical examination revealed tenderness to palpation in the posterior cervical area, restricted lumbar range of motion, and tenderness to palpation of the right shoulder. Treatment recommendations at that time included continuation of the current medication regimen. A request for authorization form was then submitted on 08/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zaleplon 10mg #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) Chronic Pain Chapter, Insomnia Treatment.

**Decision rationale:** The Official Disability Guidelines recommend insomnia treatment based on etiology. Empirically of supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. As per the documentation submitted, the injured worker has continuously utilized this medication for an unknown duration. The injured worker does not maintain a diagnosis of insomnia or sleep disorder. There is also no documentation of a failure to respond to non pharmacologic treatment. There is no frequency listed in the request. As such, the request is not medically appropriate.