

<b>Case Number:</b>	CM14-0184625		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	10/19/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Family Practice 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:

This is a 69-year-old female claimant who sustained a work injury on October 19th 2013 involving the shoulders. She was diagnosed with adhesive capsulitis of the shoulder and rotator cuff strain. She had been treated with home exercise programs, physical therapy and steroid injections. A progress note on October 7, 2014 indicated claimant underwent a left shoulder arthroscopy two months prior. She had been on Percocet for pain and Sonata to help with sleep. Exam findings were notable for active abduction with positive impingement of the right shoulder and reduced range of motion. The left shoulder also had a mildly painful arc of motion. The claimant was continued on oral analgesics and another month supply of Sonata.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Sonata 10mg tablet #30 dispensed on 09/24/14 per report dated 9/24/14 Qty: 30.00: 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of 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/or psychological measures. According to the guidelines, Sonata is intended for short-term use of two 7-10 days. It may be effective up to five weeks. In this case, the claimant had been on Sonata for the prior month and an additional month was requested. The sleep etiology was not specified. The request of Sonata is not medically necessary.