

<b>Case Number:</b>	CM14-0027976		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 40 year old employee with date of injury of 3/8/2012. Medical records indicate the patient is undergoing treatment for cervical strain, thoracic sprain, right shoulder sprain with tendinitis and impingement and right wrist forearm tendinitis with de Quervain's tendinitis and carpal tunnel syndrome. Subjective complaints include pain in the right shoulder, wrist/hand, upper and lower back pain, triggering of the right thumb and neck stiffness. Her complaints have also included stress, insomnia and gastrointestinal upset. Objective findings include tender periscapular and mild trapezius spasm. Right shoulder flexion is to 123 degrees, extension to 150 degrees, abduction to 114 degrees, adduction to 38 degrees, internal rotation to 65 degrees and external rotation to 68 degrees. Impingement testing was positive. Treatment for her shoulder has consisted of diagnostic imaging of the shoulder to assess for rotator cuff pathology as there is popping and decreased motion above 90 degrees. Patient was prescribed PT, Norco, Prilosec and Sonata. The utilization review determination was rendered on 2/27/2014 recommending non-certification of SONATA 10MG ONE (1) Q HS #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SONATA 10MG ONE (1) Q HS #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-INSOMNIA TREATMENT.

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

**Decision rationale:** MTUS is silent on the use of Sonata. Concerning insomnia ODG states "Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. 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. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." ODG specifically states: "Zaleplon (Sonata) reduces sleep latency. Because of its short half-life (one hour), may be readministered upon nocturnal waking provided it is administered at least 4 hours before wake time. 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 patient has been on the medication longer than 10 days. The treating physician has provided no documentation that there has been a discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as " (a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien (Sonata) is not medically necessary at this time.