

Case Number:	CM14-0044635		
Date Assigned:	07/02/2014	Date of Injury:	01/10/2009
Decision Date:	08/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/11/2014

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 Occupational Medicine 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 patient is a 30-year-old female who has submitted a claim for lumbosacral sprain/strain, lumbosacral disc injury, lumbosacral facet arthropathy status post lumbosacral fusion at L5-S1, lumbosacral spondylosis, and left L4-L5 lumbosacral radiculopathy associated with an industrial injury date of January 10, 2009. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back and bilateral leg pain. Physical examination revealed the following: healed midline lower lumbar incision; left paralumbar muscular tenderness and guarding; decreased sensation in the L5 and S1 nerve root distribution; decreased strength in the L5 and S1 nerve root distribution; positive left facet loading maneuvers; and equivocal right facet loading maneuvers. Lumbar spine range of motion was as follows: flexion to 70 degrees, extension to 15 degrees, and lateral flexion to 20 degrees bilaterally. Straight leg raise test was positive on the left. Treatment to date has included anterior and posterior interbody fusion from L5-S1 (4/21/11), a functional restoration program, acupuncture, physical therapy, activity modifications, and medications, which include Lidoderm patch, Ketoprofen cream, Sonata 10mg, Lyrica 150mg, Norco 10/325mg, and Cymbalta 60mg. Utilization review from March 10, 2014 denied the request for Sonata 10mg #30 as needed (PRN) because the most recent clinical reports did not discuss any recent sleeping issues that would require the use of Sonata. Further rationale regarding this medication was needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg #30 when necessary (PRN): 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), Online Version, 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 Chapter, Insomnia Treatment.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. According to ODG, Zaleplon (Sonata) reduces sleep latency. It has a rapid onset of action and short half-life. Short-term use (7-10 days) is indicated, showing effectiveness for up to 5 weeks. In this case, the patient has been on this medication since 10/22/13 however, the duration and frequency of use was not specified. A progress report dated 9/25/13 mentioned that the patient's sleep has been moderately to severely disturbed however there was no documentation regarding sleep issues or a particular sleep disorder in the recent progress notes to support the request. Furthermore, guidelines do not support long-term use of this medication. The requested number also exceeds the recommended treatment period of 7-10 days. Therefore, the request for Sonata 10mg #30 when necessary (PRN) is not medically necessary.