

<b>Case Number:</b>	CM14-0054759		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 54 year old male who was injured on 5/13/2013. A right shoulder arthroscopy was done on 3/6/2014. The diagnosis is right shoulder. The Sonata medication was prescribed on the day of surgery. There was no past history of insomnia. The patient completed ice applications, 8 PT sessions and home exercise program. On 5/22/2014, [REDACTED] / [REDACTED] [REDACTED] noted that the patient was making progress. There was increased range in motion. There was no complaint of ongoing insomnia. The medications are Norco and naproxen for pain and omeprazole for the prevention and treatment of NSAIDs induced gastritis. A Utilization Review determination was rendered on 4/15/2014 recommending non certification for Sonata 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sonata 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The CA MTUS did not address the use of sedatives and hypnotics in the treatment of insomnia associated with chronic pain. The chronic use of sedative and hypnotics are associated the development of tolerance, dependency, habituation, addiction and adverse interactions with opioid medications. The ODG guideline recommend that the use of sleep medications be limited to less than 4-6 weeks of treatment. The record indicate that Sonata was prescribed following right shoulder arthroscopy on 3/6/2014. The patient did not complain of insomnia during the 5/22/2014 Clinic evaluation by [REDACTED] / [REDACTED]. The patient was said to be progressing well with recovery from surgery. The criteria for the use of Sonata 10mg #30 was not met and the request for Sonata 10mg, #30 is not medically necessary.