

<b>Case Number:</b>	CM14-0083522		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/02/1999
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 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 57-year-old female who has submitted a claim for cervicgia, lumbago, pain in joint, shoulder region and pain in joint, lower leg associated with an industrial injury date of 01/02/1999. Medical records from 10/17/2013 to 07/18/2014 were reviewed and showed that patient complained of aching neck and right arm pain graded 6-10/10 with no radiation or numbness, shooting back pain (grade not specified) radiating down bilateral lower extremities, right shoulder pain graded 6/10, and bilateral knee pain graded 8/10. Physical examination of the cervical spine revealed tenderness over the cervical spinous processes and interspaces from C5-7 and occipital nerves bilaterally. Limited ROM in all planes was noted due to pain. Trigger points in the cervical spine muscles bilaterally were noted. Physical examination of the lumbar spine revealed significant tenderness over lumbar spinous processes and interspaces from L3 to S1 was noted. Trigger points in the lumbar spine muscles bilaterally was noted. Limited ROM was noted secondary to pain. Physical examination findings of the right shoulder joint include tenderness over the AC joint, supraspinatus and biceps tendon, and right shoulder joint, trigger points in the shoulder girdle muscles, and limited ROM. Physical examination findings of bilateral knees include tenderness over the both knees, saphenous and peroneal nerves with degenerative changes and deformity, and pain with flexion and extension bilaterally, worse on the right. MRI of the lumbar spine dated 06/08/2010 showed disc desiccation at L3-4, narrowing of the neural foramen at L4-5, and posterior disc protrusion at L5-S1. MRI of the cervical spine demonstrated degenerative arthritis of the cervical spine, worst at C5-6. Treatment to date has included physical therapy and medications for pain and sleep. Utilization review dated 05/14/2014 denied the request for Zaleplon(Sonata) 5mg because the medication has been prescribed well beyond guidelines recommendation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Sonata 5 mg. #60:** 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): Insomnia Treatments, 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) 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, 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 was prescribed Sonata (frequency, dosage, and quantity not made available) since 10/17/2013. Despite the long-term use of Sonata, difficulty with sleeping was still noted (04/17/2014). The long-term use of Sonata is not recommended by the guidelines. Furthermore, the request of Sonata 5mg #60 tablets is not in conjunction with guidelines recommendation for short-term use of 7-10 days. Therefore, the request for Sonata 5 mg. #60 is not medically necessary.