

Case Number:	CM14-0091568		
Date Assigned:	07/25/2014	Date of Injury:	08/07/2006
Decision Date:	08/28/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/16/2014

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 Internal 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 70 year old male who was injured on 08/07/2006. The mechanism of injury is unknown. He carries a diagnosis of bilateral carpal tunnel syndrome, lumbar facet syndrome, myofascial pain syndrome and recurrent right rotator cuff tear. Medical treatment has included ibuprofen, famotidine, lidoderm, sonata and percocet. He also is s/p bilateral total knee replacement in 4/2013 and radiofrequency neurotomy of bilateral L2 and L5. Progress report dated 05/07/2014 states the patient complained of bilateral upper and lower extremities to his bilateral superior and posterior hip area with bilateral upper anterior thigh numbness and tingling. He also reported right shoulder pain. On exam, there were no clinical findings documented. He reports the Sonata helps him get to sleep and sleep through the night but reported it is not working as well. Diagnoses are carpal tunnel syndrome, facet syndrome, myofascial pain, and knee pain. The patient has been recommended for sonota, Percocet 10/325 mg, Senna-S, Lidoderm patches, and physical therapy. Prior utilization review dated 05/19/2014 states the request for Sonata 5 mg is not certified as Sonata is only recommended for short term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonota 5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th edition (web), 2014, Pain and Insomnia Treatments.

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 <http://www.drugs.com/imprints/5-mg-sonata-1306.html>.

Decision rationale: The MTUS guidelines do not address the issue in dispute. Sonata, or zaleplon, is a sedative/hypnotic medication used for the short term treatment of insomnia (4-6 weeks). While sedative/hypnotic medications are commonly prescribed for insomnia in the setting of chronic pain, they are not recommended long term given the potential for dependence, and potential to result in impaired function and memory. In addition, long term use may increase pain and depression. If used long term, these medications should be weaned off and not discontinued abruptly. In PR-2 note written on 6/4/14, while the patient was noted to have benefited from Sonata in the past, but he was now noted to have decreased levels of sleep secondary to pain, even with the use of Sonata. Based on the aforementioned facts and a detailed review of the medical records, the request for Sonata is not medically necessary.