

<b>Case Number:</b>	CM14-0114907		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/12/2008
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 31 year old male with an injury date of 12/12/08. The patient is status post Pilonidal cyst procedure (date not provided), removal of 30 square inches of flesh from the tail bone in May 2011, microdiscectomy/laminectomy of L5/S1 in May 2012, and spinal fusion L4-5 in May 2013, as per progress report dated 05/29/14. Based on 06/03/14, the patient complains of shooting, deep, constant back pain that worsens with activity and improves with breathing exercises. The patient has gained weight and is also experiencing numbness and joint pain. Physical examination reveals tenderness in bilateral paraspinal muscles. The pain increases from 5/10 to 7/10 with flexion, extension, and left side bending. The patient rated his low back pain as 7/10 and right leg pain as 8/10, in progress report dated 05/29/14. He also suffers from depression and inability to concentrate, as per the same report. Current medications, as per progress report dated 06/03/14, include Norco, Sonata, and Zoloft. The patient is not working, as per progress report dated 06/03/14. Diagnoses, 06/03/14: Lumbar sprain strain; Chronic pain syndrome. The treating physician is requesting for Sonata 5mg #30. The utilization review determination being challenged is dated 06/13/14. The rationale was "There is no documentation that the patient has sleep dysfunction. Further, there is no indication that this patient has failed proper sleep hygiene as recommended by ODG." Treatment reports were provided from 12/23/14 - 06/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sonata 5mg #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 (ODG), 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) Chapter Pain (Chronic), Insomnia

**Decision rationale:** The patient presents with shooting, deep, constant back pain that worsens with activity and improves with breathing exercises, as per progress report dated 06/03/14. The request is for Sonata 5mg #30. The patient is status post Pilonidal cyst procedure (date not provided), removal of 30 square inches of flesh from the tail bone in May 2011, microdiscectomy/laminectomy of L5/S1 in May 2012, and spinal fusion L4-5 in May 2013, as per progress report dated 05/29/14. He needs 2-3 hours to fall asleep, as per progress report dated 05/29/14. ODG guideline, Chapter Pain (Chronic) and Topic Insomnia, states that Sonata has "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 prescription for Sonata was first noted in progress report dated 03/26/14. The treating physician states that the patient "has trouble falling asleep, but once a sleep he can stay asleep. The medication helps with the first phase of sleep." In progress report dated 05/29/14, the treating physician states that the patient needs 2-3 hours to fall asleep, and wakes up at least 4 times during the night. However, as per another progress report dated 06/02/14, the patient reports "sleeping too often and grogginess upon awakening when he takes the Sonata." Additionally, ODG Guidelines only recommends short-term use of the medication. This request is not medically necessary.