

<b>Case Number:</b>	CM14-0190178		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	02/07/2005
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Pain 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:

This is a patient with a date of injury of February 7, 2005. A utilization review determination dated October 6, 2014 recommends noncertification of Sonata. Noncertification is recommended since the patient has been on this medication for an extended period of time with no documentation of objective functional improvement as a result of the medication. A progress report dated June 12, 2014 identifies subjective complaints of low back pain radiating into the patient's legs and neck pain radiating into his upper extremities. The note indicates that the patient's opiate pain medications have improved his pain. The patient complains of depression. Diagnoses include cervical myoligamentous injury, bilateral upper extremity radiculopathy, lumbar spine sprain/strain, bilateral lower extremity radiculopathy, medication induced sexual dysfunction, and medication induced gastritis. The treatment plan recommends Anaprox, Prozac, Prilosec, MSContin, Norco, Topamax, and trazodone. Additionally cognitive behavioral therapy and physical therapy are recommended. A progress report dated July 10, 2014 includes subjective complaints of depression and pain. The list of the patient's current medications includes Sonata 10 mg at bedtime. The diagnoses are unchanged. The treatment plan recommends a trial of Sonata. A progress report dated August 21, 2014 does not discuss the patient's use of Sonata.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sonata 10mg #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) Chronic Pain, Sleep Medication, Insomnia treatment

**Decision rationale:** Regarding the request for Sonata, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Sonata treatment. Finally, there is no indication that Sonata is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Sonata is not medically necessary.