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| Case Number: | CM14-0192488 | | |
| Date Assigned: | 11/26/2014 | Date of Injury: | 04/04/2006 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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 Family 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 65-year-old woman reported injuries of her neck, low back, right shoulder and right wrist with a 4/4/2006 date of injury. The mechanism of injury is not recorded in the available records. Treatment has included medication, chiropractic manipulation, and acupuncture. There are two sets of notes in the records designated as Primary Treating Physician's Progress Reports; one set signed by a chiropractor and the other set signed by MD's. The chiropractor's notes include diagnoses of cervical and lumbosacral sprain as well as right wrist and right shoulder strain. The chiropractic notes occasionally mention that the patient is having trouble sleeping because of the stress of taking care of her son. The chiropractor notes the patient's work status as "retired". Despite this, several of the notes contain a request for authorization of Sonata with another preprinted box checked, either "patient has failed behavioral techniques for improved sleep and has sleep difficulty" or "improved sleep pattern". The notes do not contain any description of the patient's sleep difficulties, of her sleep pattern or of what behavioral techniques have been tried to help her sleep. Sonata is always dispensed on the same day it was requested, and was dispensed starting 6/17/14 through 10/7/14. The physician's notes do not contain any documentation of physical exam or of any diagnoses. When a work status is mentioned, it is "temporarily and totally disabled". A 10/7/14 request for authorization for Sonata was denied in an 11/10/14 UR on the basis that there was no documentation of the patient's sleep hygiene, no description of how much and when she sleeps, and no indication that the patient has difficulty falling or staying asleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg, Qty: 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, Insomnia treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), insomnia chapter

Decision rationale: Sonata is brand-name zaleplon, which is a non-benzodiazepine sedative hypnotic. Per the first guideline cited above, medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. Per the ODG referenced above, treatment of insomnia should be based on its etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific components of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Sonata reduces sleep latency. Side effects include headache, drowsiness, dizziness, fatigue, confusion, and abnormal thinking. Sleep-related activities have also been noted such as driving, cooking, eating and making phone calls. Because of its short half-life (one hour), it may be readministered upon nocturnal waking provided it is administered at least 4 hours before wake time. This medication 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 clinical documentation in this case does not support the use of Sonata. The very limited descriptions of the patient's sleep problems invoke two possible reasons for it: pain and stress due to taking care of a son. Neither of these reasons should be treated with a hypnotic. Sonata is most effective for patients who have difficulty falling asleep. Since this patient's sleep pattern is never described, it is unclear that it would be the correct medication even if she had primary insomnia. Sonata is not recommended for long-term use. This patient has been taking Sonata for 3-4 months, which is definitely not short term. In addition, she has remained totally disabled during the time she has been taking it, so it is clear that its use has not resulted in any functional recovery. Based on the evidence-based citations above and on the clinical information available for my review, Sonata 10 mg #30 is not medically necessary.