

Case Number:	CM15-0136350		
Date Assigned:	07/24/2015	Date of Injury:	10/11/1989
Decision Date:	08/21/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 52 year old male who sustained an industrial/work injury on 10/11/89. He reported an initial complaint of right lower back pain. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date includes medication, surgery (nerve decompression on 8/17/14) and diagnostics. MRI results were reported on 10/31/11 reporting fusion at L2-S1 and C3-4 osteophyte. CT scan results reported on 2/18/15 and 3/16/15. Currently, the injured worker complained of right sided lower back pain that radiates to the right leg with spasms as well as in the right hip/lower back area. Per the primary physician's report (PR-2) on 5/7/15, exam noted bilateral tenderness and spasms of the L3-5 paraspinal muscles, decreased range of motion, positive sacroiliac joint pain, Gaenslen's test, and Yeoman's test on the right. There is decreased sensation to pinprick along the right lateral leg and decreased deep tendon reflexes in the bilateral lower extremities. Current plan of care included home exercise program, medication, injection, and toxicology screen. The requested treatments include Zaleplon 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zaleplon 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary, Moore & Jefferson, Handbook of Medical Psychiatry, p. 230, 460.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. 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. In this case, the claimant has been on several medications for insomnia including Ambien and Sentra Pm. Long-term use of this class of medications is not recommended. There was no mention of failure of behavioral interventions. The request for Zaleplon for insomnia is not medically necessary.