

Case Number:	CM15-0164379		
Date Assigned:	09/01/2015	Date of Injury:	01/02/1999
Decision Date:	10/05/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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 58-year-old female who sustained an industrial injury on 1-2-1999. She has reported neck pain, arm pain, shoulder pain, lower back pain, leg pain, and knee pain and has been diagnosed with thoracic or lumbosacral neuritis or radiculitis, cervicgia, pain in joint shoulder region, lumbago, pain in joint, lower leg, degenerative disc disease, lumbar, brachial neuritis or radiculitis, cervical disc disease, and myalgia and myositis. Treatment has included medication and surgery. There was tenderness of the lumbar spine. There were spasms noted. There was tenderness of the cervical spine with decreased range of motion. There was tenderness of the right shoulder with limited range of motion. There was tenderness over both knee joints. The treatment plan included medications. The treatment request included Zaleplon 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zaleplon 10mg #30 for 09/18/2014: 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) Mental Illness & Stress Chapter (Online Version).

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

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, 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 was on Sonata (Zaleplon) for several months Sleep difficulties were likely secondary to pain rather than primary insomnia. Long-term use is not indicated. Failure of behavioral interventions is not found. Continued use of Zaleplon is not medically necessary.