

Case Number:	CM15-0165256		
Date Assigned:	09/02/2015	Date of Injury:	01/02/1999
Decision Date:	10/06/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/24/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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. The mechanism of injury occurred while pushing a wheelchair downhill. The injured worker was diagnosed as having cervicgia, shoulder pain, lumbago, lower leg joint pain, lumbar degenerative disc disease, brachial neuritis-radiculitis, cervical disc disease and myalgia-myositis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4-13-2015, the injured worker complains of neck pain that radiated to the right upper extremity, low back pain that radiates to the bilateral lower extremities, right shoulder pain and bilateral knee pain. Pain was rated 7 out of 10 with medications and 9 out of 10 without medications. Physical examination showed limited lumbar and cervical range of motion and tenderness. The treating physician is requesting Retrospective: Zaleplon 10mg #30 (date of service: 06-23-2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Zaleplon 10mg #30 (DOS: 06/23/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter (Online Version), 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) Pain section, Insomnia treatment.

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective Zaleplon 10 mg #30, date of service June 23, 2014 is not medically necessary. Zaleplon is a non-benzodiazepine sedative hypnotic. These medications are recommended only after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve 7 to 10 days may indicate a psychiatric and/or medical illness. Zaleplon reduces sleep latency. Because of its short half-life (one hour) it may be readministered upon nocturnal awakening provided it is administered at least four hours for wait time. Short-term use 7-10 days as indicated with a controlled trial showing effectiveness for up to five weeks. In this case, the injured worker's working diagnoses are thoracic or lumbosacral neuritis or radiculitis; cervicgia; pain in joint shoulder region; lumbago; pain in joint lower leg; lumbar degenerative disc disease; brachial neuritis or radiculitis; cervical disc disease; and myalgia and myositis. Date of injury is January 2, 1999. Request for authorization is July 24, 2015. The date of service an issue is June 23, 2014. There are no 2014 progress notes in the medical record. The earliest progress note in the medical record is dated February 2, 2015. According to the February 2, 2015 progress note, the treating provider prescribed Zaleplon, Norco and Protonix. Utilization review provider reference a May 14, 2014 progress note. Zaleplon 5 mg was noncertified. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no progress note documentation from 2014 on or about the date of service, retrospective Zaleplon 10 mg #30, date of service June 23, 2014 is not medically necessary.