

<b>Case Number:</b>	CM15-0189748		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	02/13/2010
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old female who sustained an industrial injury on 02-13-2010. According to a partially legible handwritten progress report dated 08-07-2015, the injured worker report lumbar spine discomfort with sitting and standing for long periods. Pain level was rated 8 on a scale of 0-10 and was described as "moderate and severe", sharp, numbness and weakness. Review of systems was positive for fatigue, joint pain muscle spasm, sore muscles, gait abnormality, numbness and difficulty sleeping. Objective findings included positive straight leg raise and decreased sensation in L5-S1 distribution. Diagnoses included lumbar spine right greater than left radiculopathy. Current medications included Norco, Lidoderm and Sonata. Pain level with medications was rated 5 and without medications was rated 8. Sitting ability increased from 2 to 2.5 hours. She was better able to do housework, cooking, laundry, bathing and dressing. She reported improved participation in home exercise program, the ability to work and improved sleep pattern. The treatment plan included Norco and Sonata. Work status included modified duty. An authorization request dated 08-07-2015 was submitted for review. The requested services included Norco 7.5-325 mg #120 and Sonata 10 mg #30. On 09-08-2015, Utilization Review non-certified the request for Sonata 10 mg #30 and authorized the request for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sonata 10mg #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) Online Edition, Pain Chapter, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Pain, Insomnia treatment.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Sonata 10mg #30. The treating physician report dated 8/7/15 (32B) provides no rationale for the current request. The MTUS guidelines do not address the use of Sonata. The ODG guidelines under Insomnia treatment state the following: Zaleplon (Sonata) reduces sleep latency. Side effects: headache, drowsiness, dizziness, fatigue, confusion, abnormal thinking. Sleep-related activities have also been noted such as driving, cooking, eating and making phone calls. Abrupt discontinuation may lead to withdrawal. Dosing: 10 mg at bedtime (5 mg in the elderly and patients with hepatic dysfunction). (Morin, 2007) Because of its short half-life (one hour), may be re administered upon nocturnal waking provided it is administered at least 4 hours before wake time. (Ramakrishnan, 2007) 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. In this case, Sonata is only approved for short term use and the current request for a quantity of 30 exceeds the recommended dosage for a 7-10 day time period. The current request is not medically necessary.