

Case Number:	CM15-0189874		
Date Assigned:	10/02/2015	Date of Injury:	11/09/2011
Decision Date:	11/09/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/28/2015

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

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 61 year old female with a date of injury on 11-09-2011. The injured worker is undergoing treatment for cervical disc disease status post cervical spinal surgery, closed head injury with post-concussion syndrome, post-concussion migraines, history of temporomandibular joint syndrome, and post traumatic anxiety and depression-under treatment. A physician note dated 07-13-2011 documents the injured worker is having good response to medication adjustments. She still has problems with handwriting, occasional vertigo, numbness in her left hand and headaches. Her pain was rated 7 out of 10. A physician progress note dated 08-04-2015 documents the injured worker's affect was appropriated. Mood was euthymic and anxious. She feels more like her old self and is better on the current medication regime. Medications prescribed included Amphetamine salts, Levothyroxine, Lamotrigine, Amitriptyline, Donepezil and Clonazepam. There is a RFA dated 06-26-2015 for Zaleplon, Donepezil and Adderall. Treatment to date has included diagnostic studies, medications, bone growth stimulator, activity modification, vestibular physical therapy, status post cervical discectomy and fusion on 06-02-2014, cervical facet injection and epidural steroid injections. She is not working. On 09-22-2015 Utilization Review non-certified the request for Zaleplon 5mg, 1 refill per 9/8/15 order, Qty 30.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zaleplon 5mg, 1 refill per 9/8/15 order, qty 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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) Insomnia Treatment, pages 535-536.

Decision rationale: Per Treatment Guidelines, chronic sedative hypnotics are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Sedative hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG). Additionally, Zaleplon (Sonata) is a scheduled IV controlled substance and a non-benzodiazepine hypnotic not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Submitted documents have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered for this chronic 2011 injury without diagnosis, clinical findings or demonstrated failed first-line approach of sleep hygiene to support its use. The Zaleplon 5mg, 1 refill per 9/8/15 order, qty 30.00 is not medically necessary and appropriate.