

Case Number:	CM15-0196624		
Date Assigned:	10/12/2015	Date of Injury:	09/28/2008
Decision Date:	12/01/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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 57 year old female who sustained an industrial injury on 9-28-2008. A review of medical records indicates the injured worker is being treated for lumbar disc disease, lumbar facet syndrome, and left sacroiliac joint arthropathy. Medical records dated 8-7-2015 noted discomfort with sitting and standing for long periods and pain to the lumbar spine. She was on modified work duty. Physical examination noted straight leg raise was positive. Range of motion was 52-17-18-20. There was decreased sensation to L5-S1 distribution. Treatment has included home exercise, Norco, Lidoderm, and Sonata (Sonata since at least 8-17-2015). Utilization review form dated 9-8-2015 noncertified Sonata 10mg #30.

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), Pain Chapter, 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) Mental Illness and Stress chapter, under Zaleplon.

Decision rationale: The patient presents with lumbar spine pain rated 8/10. The request is for SONATA 10MG #30. The request for authorization is dated 08/07/15. Patient's diagnoses include lumbar disc disease; lumbar facet syndrome; left sacroiliac joint arthropathy. Physical examination of the lumbar spine reveals diffuse tenderness over the lumbar paravertebral musculature. There is tightness and spasm in the lumbar paravertebral musculature. There is moderate facet tenderness over the L4 to S1 spinous processes. Positive straight leg raise. Positive Gaenslen test. Decreased sensation to the L5/S1 distribution. She underwent left sacroiliac joint injection on 02/21/14. She reported 70% to 80% improvement of her pain for the duration of local anesthetic. The patient is encouraged to continue daily exercises and engage in non-strenuous aerobic activity. Per progress report dated 08/07/15, the patient is on modified work. ODG guidelines, Mental Illness and Stress chapter, section Zaleplon (Sonata) has the following: Reduces sleep latency. Because of its short half-life (one hour), may be re-administered upon nocturnal wakening provided it is administered at least 4 hours before wake time. 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. Treater does not specifically discuss this medication. This appears to be the initial trial prescription of Sonata, as it is not mentioned in previous reports. ODG supports the trial of this medications but limited to 7-10 days. The patient is to take Sonata 1PO QHS, however, treater does not discuss or document Sonata will be for short-term use not to exceed 10 days. The request for Sonata #30 would exceed ODG recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.