

Case Number:	CM15-0201269		
Date Assigned:	10/16/2015	Date of Injury:	05/19/2015
Decision Date:	12/02/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 42-year-old who has filed a claim for low back, wrist, and shoulder pain reportedly associated with an industrial injury of May 19, 2015. On a Utilization Review report dated October 12, 2015, the claims administrator failed to approve a request for Sonata (zaleplon). The claims administrator referenced an RFA form dated September 16, 2015 in its determination. The applicant's attorney subsequently appealed. On September 16, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was working the treating provider contended. Motrin was working for pain relief, the treating provider reported. Overall commentary was sparse. It was suggested that the applicant had developed difficulty sleeping secondary to pain, numbness, and tingling. Sonata was apparently endorsed for the same, seemingly on a first-time basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata (Zaleplon 10mg) #30: Overturned

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: Treatment for Insomnia.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment, Zaleplon (Sonata).

Decision rationale: Yes, the first-time request for Sonata (zaleplon) is medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, the attending provider indicated on September 16, 2015 that Sonata had been introduced to ameliorate issues with pain-induced insomnia. ODG's Mental Illness and Stress Chapter Insomnia Treatment topic zaleplon section notes that Sonata is recommended for short-term use purposes with a controlled trial showing effectiveness up to five weeks. Here, thus, the first-time request for 30 tablets of Sonata was essentially in-line with the ODG's position on the same. Therefore, the request is medically necessary.