

<b>Case Number:</b>	CM15-0021883		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	05/31/2006
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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 47-year-old female, with a reported date of injury of 05/31/2006. The diagnoses include sleep disorder. Treatments have included visit with a sleep medicine specialist. The Doctor's First Report of Occupational Injury or Illness dated 05/15/2014 indicates that the injured worker had a history of sleeping difficulty secondary to physical pain. The report from which the request originates was not included in the medical records provided for review. The treating physician requested Sonata 10mg #30. On 01/23/2015, Utilization Review (UR) denied the request for Sonata 10mg #30, noting that the request exceeds the guideline recommendations. The Non-MTUS Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **30 Sonata 10mg:** 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 (Chronic).

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

**Decision rationale:** The patient presents with a sleep disorder and headaches. The current request is for 30 Sonata 10mg. The treating physician documents that the patient has a history of sleeping difficulties. (18B) The reviewing physician cited a report dated 12/9/15 which was not provided for this review documenting that the patient stated they sleep better with Sonata. The reviewing physician also documented that the patient has been taking Sonata since 6/24/14 (9A). The ODG guidelines state, "Zaleplon (Sonata) reduces sleep latency. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks." In this case, the reviewing physician documented that the patient has been taking this medication since at least June 2014, which would exceed the recommended guideline. The current request is not medically necessary and the recommendation is for denial.