

<b>Case Number:</b>	CM15-0028170		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	02/17/2004
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 66 year old male, who sustained an industrial injury on 2/17/04. He reported neck injury. The injured worker was diagnosed as having degenerative disc disease and lumbosacral spondylosis without myelopathy. Treatment to date has included posterior cervical decompression and fusion C4-5 along with multiple surgeries to neck and low back, physical therapy and oral medications including narcotics. Currently, the injured worker complains of continued pain in low back, neck and knees. On physical exam guarding and tenderness is noted of lumbosacral area with weakness noted. The current treatment plan included reduction of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zaleplon 10 MG # 60 2 refills:** 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, 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, Insomnia treatment.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Zalepion 10 mg #60 with two refills is not medically necessary. Zalepion is a non-benzodiazepine sedative hypnotic. These medications are recommended only after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve 7 to 10 days may indicate a psychiatric and/or medical illness. Zalepion reduces sleep latency. Because of its short half-life (one hour) it may be readministered upon nocturnal awakening provided it is administered at least four hours for wait time. Short-term use 7 - 10 days as indicated with a controlled trial showing effectiveness for up to five weeks. In this case, the injured workers working diagnoses are degenerative intervertebral disc site unspecified; and lumbosacral spondylosis without myelopathy. Documentation from a November 20, 2014 progress note shows subjective complaints of neck and low back pain. Objectively, there is tenderness at the lumbosacral spine. Norco is used for pain. The request for authorization shows Zalepion was requested December 17th 2014 with two refills. Zalepion is indicated for 7 - 10 days. There is no documentation of insomnia or sleep difficulties in the November 20, 2014 progress note. The treating physician has requested Zalepion 10mg with two refills in excess of the recommended guidelines. Consequently, absent compelling clinical documentation pursuant to the recommended guidelines for short-term (7 - 10 days), Zalepion 10 mg #60 is not medically necessary.