

<b>Case Number:</b>	CM15-0083171		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	04/28/1976
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 71-year-old male who sustained an industrial injury on 04/28/1976. Current diagnoses include insomnia, post lumbar fusion pain, lower extremity radiculopathy, and obesity. Previous treatments included medication management and lumbar fusion on 05/03/2011. Report dated 02/02/2015 noted that the injured worker presented for follow up. Current medication regimen includes Fentanyl, Norco, and Lunesta. The physician noted that the injured worker does not get adequate relief from the use of Lunesta for insomnia. Pain level was 3-4 out of 10 on the visual analog scale (VAS). Physical examination was negative for abnormal findings. Physical examination revealed no acute distress, patient was alert awake and oriented, no sign of medication withdrawal, normal gait, and normal sensory and motor examination. The treatment plan included continuing medications as prescribed, discussed narcotics policy, started on Sonata at bedtime for insomnia, see PCP regarding obesity, reviewed OBN and medication list, and follow up in 3 months. Disputed treatments include Sonata. The patient has had MRI of the low back on 3/21/11 that revealed disc bulge with foraminal narrowing, and s/p laminectomy. A recent detailed mental status examination by a psychiatrist was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sonata 10mg #30, QTY: 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), 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 & Stress (updated 03/25/15) Insomnia treatment Sedative hypnotics Pain (updated 04/30/15) Insomnia treatment zaleplon.

**Decision rationale:** Request: Sonata 10mg #30, QTY: 30 Sonata zaleplon is used to treat insomnia. MTUS guideline does not specifically address this issue. Hence, ODG used per the cited guidelines, "Recommend that treatment be based on the etiology." "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." Detailed evidence that a careful evaluation of the potential causes of sleep disturbance has been completed, (including possible psychiatric or medical illness) is not specified in the records provided. A detailed history of anxiety or insomnia was not specified in the records provided. Detailed evidence of trials of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline, use of sedative hypnotics can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for long-term use of Sonata 10mg #30, QTY: 30 is not medically necessary.