

Case Number:	CM13-0031374		
Date Assigned:	12/04/2013	Date of Injury:	05/22/2008
Decision Date:	09/24/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/03/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old gentleman with a date of injury of 05/22/2008. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes dated 07/26/2013, 08/23/2013, and 09/24/2013 indicated the worker was experiencing mid- and lower back pain, depressed mood, and a sleep problem related to the worker's pain. Documented examinations described "globally and regional reduced range of motion" consistent with the worker's symptom complaints, tenderness "in the region concordant with... described area of pain", and spasms in the mid- and lower back and buttocks areas. The documented and reviewed records concluded the worker was suffering from chronic pain syndrome, thoracic spine pain, sleep disturbance, muscle spasm, and a depressive disorder. Recommended treatment included continued pain medications unchanged and a change from the medication Ambien (zolpidem) to Sonata (zaleplon) on 08/23/2013 with continuation as per note dated 09/24/2013. A Utilization Review decision was rendered on 09/12/2013 recommending partial certification for Sonata (zaleplon) 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION SONATA 10MG #30 TABS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Chervin RD, et al. Approach to the patient with excessive daytime sleepiness. Topic 14892, version 7.0. UpToDate, accessed 09/21/2014. Bonnet MH, et al. Treatment of insomnia. Topic 7691, version 27.0. UpToDate, accessed 09/21/2014.

Decision rationale: Sonata (zaleplon) is a medication in the miscellaneous hypnotic class. It is used to treat insomnia. The MTUS Guidelines are silent on this issue in this clinical situation. The literature supports a thorough sleep evaluation prior to selecting treatment. Some elements of a detailed assessment include the duration of symptoms, time to sleep onset, number and duration of nighttime awakenings, degree of daytime sleepiness, evaluation of the sleep environment and behaviors surrounding sleep, nap times and durations, evaluation of associated issues such as loud snoring or leg discomfort, and exploration of conditions that may be causing or worsening the symptoms. If a treatable disorder or condition appears to be causing the insomnia, that should be addressed directly first. If not, initial treatment should involve education on good sleep behaviors and stimulus control. Formal behavioral treatment, such as cognitive behavioral therapy, is used if initial instruction is not effective. Medications may be added to behavioral treatments if the symptoms are severe or if behavioral therapy alone is not effective. If the symptoms improve, medications should be weaned with continued formal behavioral therapy before stopping treatment. Symptoms should be reevaluated and consideration given to a sleep study if the symptoms come back or combination therapy is not effective. Medications for insomnia carry significant risks, such as negative side effects and physical and/or psychological dependence. These risks increase with long-term use, and medications should be used for the shortest amount of time necessary. The submitted and reviewed documentation included a minimal sleep assessment. The physician office visit note dated 08/23/2013 suggested the insomnia was due to pain but did not discuss any modification of the worker's pain management care plan. Formal behavioral treatment was not mentioned in the reviewed records. In the absence of supportive evidence, the current request for Sonata (zaleplon) 10mg #30 is not medically necessary. Because suddenly stopping this medication can cause withdrawal symptoms, this request is approved only for the purpose of medication weaning.