

Case Number:	CM14-0122551		
Date Assigned:	09/16/2014	Date of Injury:	11/25/2009
Decision Date:	10/22/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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 Occupational Medicine and is licensed to practice in California. 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 59-year-old female who was reportedly injured on 11/25/2009. The last progress report, dated 07/01/2014, indicated that the injured worker was having significant lower back pain and tightness, left lower extremity pain, numbness and tingling of the left leg to the bottom of the foot, and difficulty moving due to back tightness. The lumbar spine exam indicated a normal gait, extension to 20 degrees, and flexion to 90 degrees. Bilateral lateral bending was normal. Spasm and guarding were noted. Motor strength was 5/5 in the lower extremities. The injured worker has continued to complain of insomnia, for which Ambien was helpful. A request was made for Sonata 10mg #30; the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg #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), Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), zaleplon (Sonata)

Decision rationale: Benzodiazepine receptor agonists such as Sonata are recommended for short-term (7-10 day) use only due to the potential for abuse and dependency. The request is therefore not consistent with evidence-based recommendations and cannot be deemed as medically necessary.