

Case Number:	CM14-0124061		
Date Assigned:	08/08/2014	Date of Injury:	07/15/2013
Decision Date:	10/06/2014	UR Denial Date:	07/21/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 54-year-old female was reportedly injured on 7/15/2013. The mechanism of injury was not listed. The most recent progress note, dated 8/21/2014, was handwritten and indicated that there were ongoing complaints of neck, shoulder and back pains. Physical examination demonstrated tenderness to palpation at SST, ACJ, SA, right biceps, trapezius muscles and positive right Speed's test and bilateral Hawkin's tests and Kemp's tests, decreased AROM of shoulders in all planes, decreased cervical spine AROM and lordosis, and positive axial compression test. No recent diagnostic imaging studies available for review. Previous treatment included physical therapy and medications. A request had been made for Sonata 10 mg #30, which was not certified in the utilization review on 7/1/2014.

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: Chapter Pain, Web Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC / ODG Integrated Treatment/Disability Duration Guidelines; Mental Illness & Stress - Sedative Hypnotics (updated 6/12/14).

Decision rationale: MTUS/ACOEM practice guidelines do not address this request. ODG lists Sonata (zaleplon) as a short-acting non-benzodiazepine hypnotic which is clinically indicated for the short-term treatment (3 weeks maximum) of insomnia. Given the habit-forming potential, guidelines specifically do not recommend it for long-term use in the treatment of chronic pain. Review, of the available medical records, documents chronic neck, shoulder and back pains after a work-related injury in July 2013. As such, this request is not medically necessary.