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| Case Number: | CM14-0210709 | | |
| Date Assigned: | 12/23/2014 | Date of Injury: | 12/17/2012 |
| Decision Date: | 02/17/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 12/16/2014 |

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 Internal 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 (IW) is a 53-year-old woman with a date of injury of December 17, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are supraspinatus and infraspinatus tear of the left shoulder; left leg radiculopathy; T11-T12 and L1-L2 degenerative disc disease; right knee internal derangement, compensatory to the left knee; facet arthropathy at L4-L5; T11-T12 and L5-S1 disc protrusion; left cervical radiculopathy; status post left shoulder surgery on May 28, 2014; and status post left knee surgery on January 24, 2013. Pursuant to the progress note dated October 14, 2014 progress note, the IW complains of left shoulder pain, lower back pain, and left knee pain. She also has complains of depression, and is treating this under her private insurance. Physical examination reveals tenderness and decreased range of motion to the shoulders and lumbar spine. Current medications include Aspirin Ec 81mg, Prozac 40mg, and Norco 10/325mg. An entry by the treating physician indicates the IW has been denied for her Restoril, so she will be switched to Sonata 10mg. There was no subjective or objective findings or documentation regarding insomnia. The current request is for Sonata 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10 mg, once by mouth at bed time, not refills, # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health & Stress, 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 Health & Stress, Insomnia Treatment

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), Sonata 10 mg one at bedtime with no refills #30 is not medically necessary. Insomnia treatment is based on etiology. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is addressed pharmacologically (generally). Secondary insomnia may be treated with pharmacologic and/or psychological measures. Sonata (Zalepion) is a non-benzodiazepine hypnotic. Short-term use (7 to 10 days) is indicated with a controlled trial showing effectiveness for up to five weeks. In this case, the injured worker's working diagnoses according to an October 2014 progress note are supraspinatus and infraspinatus care of the left shoulder; left leg radiculopathy; T11 - T12 and L1 - L2 generated disc disease; right knee internal derangement, compensatory to left knee injury; facet arthropathy L4 - L5; T11 - T12 and L5 - S1 disc protrusion; left cervical radiculopathy; status post left shoulder surgery May 28, 2014; and status post left knee surgery. There is no documentation in the medical record indicating sleep issues or insomnia. Under the discussion section, the treating physician requested Restoril that was subsequently denied and then switched to Sonata at bedtime 10 mg. Consequently, absent clinical documentation of insomnia or sleep issues, Sonata 10mg one tab at bedtime #30 is not medically necessary.