

Case Number:	CM15-0119109		
Date Assigned:	06/29/2015	Date of Injury:	01/03/2001
Decision Date:	07/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/19/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 45-year-old female who sustained an industrial injury on 01/03/2001. Diagnoses include cervicalgia, brachial neuritis/radiculitis - other and unspecified thoracic/lumbar neuritis/radiculitis. Treatment to date has included medications, massage, activity modification, trigger point injections and chiropractic care. According to the progress notes dated 2/12/15, the IW reported chronic low back pain radiating to the left lower extremity to the posterior distal calf with associated numbness and tingling. She rated the pain 1/10 at best and 8/10 at worst. The pain caused sleeplessness three to four times per night. On examination, the mid-iliolumbar area at the fascial attachment and the mid thoracolumbar area were moderately tender to palpation on the left. Range of motion was not performed due to pain. Trigger point injections were administered into both areas. A request was made for Zaleplon 5.0; unspecified quantity for sleeplessness associated with chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zaleplon 5 Unspecified Qty: 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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists)
(<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>.)

Decision rationale: According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency." Sonata could be used as an option to treat insomnia, however it should not be used for a long-term without periodic evaluation of its need. The provider have to further characterize the patient's insomnia (primary versus secondary) and its relation to the primary patient pain syndrome. The provider did not document the use of non pharmacologic treatment and the quantity requested for the patient sleep issue. In addition, there is no documentation on the efficacy of the prior use of this medication. Therefore, the prescription of Zaleplon 5 is not medically necessary.