

<b>Case Number:</b>	CM15-0128375		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: California, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 56 year old female, who sustained an industrial injury on 11/1/10. Initial complaint was of right shoulder pain. The injured worker was diagnosed as having regional pain syndrome right upper extremity; cervical spine multi-ligamentous sprain/strain; right upper extremity radiculitis; moderate spondylosis C5-C7. Treatment to date has included status post right shoulder arthroscopy with Mumford's procedure (11/2/11); status post right shoulder revision surgery (5/2013); physical therapy; acupuncture; cervical C5-C6, C6-C7 epidural steroid injection (10/20/14); medications. Diagnostics studies included MR Arthrogram right shoulder (2012); x-ray cervical spine (8/28/13); MRI cervical spine (11/4/13); MRI right shoulder (10/24/11). Currently, the PR-2 notes dated 4/3/15 are hand written and difficult to decipher. These notes indicated the injured worker complains of neck pain and spasm with radiculopathy. The provider notes the injured worker would like to move forward for a second epidural steroid injection of the cervical spine. He has circled improved with moderate cervical spine pain rated at 5-6/10. The description of symptoms is noted as moderate, persistent, dull, sharp, and cramping with numbness and not attending any therapy at this time. Objective findings are noted as cervical spine with spasms moderate trapezius pain. A positive Spurling's and negative bilateral hands. There are limitations with range of motion. She has a decrease in sensitivity at C6-C7 levels. She defers an injection or shoulder scope and desires to precede with the second cervical spine bilateral C5-6 and right C6-C7 transforaminal epidural injection. The provider is requesting authorization of Retrospective Sonata 10mg #30 (DOS: 04/13/15).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective Sonata 10mg #30 (DOS: 04/13/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure last updated 04/06/2015.

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

**Decision rationale:** MTUS is silent regarding this issue. ODG states non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (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 mean they have potential for abuse and dependency. It also states "adding a prescription sleeping pill to cognitive behavioral therapy (CBT) appeared to be the optimal initial treatment approach in patients with persistent insomnia, but after 6 weeks, tapering the medication and continuing with CBT alone produced the best long-term outcome. These results suggest that there is a modest short-term added value to starting therapy with CBT plus a medication, especially with respect to total sleep gained, but that this added value does not persist. In terms of first-line therapy, for acute insomnia lasting less than 6 months, medication is probably the best treatment approach, but for chronic insomnia, a combined approach might give the best of both worlds; however, after a few weeks, the recommendation is to discontinue the medication and continue with CBT. Prescribing medication indefinitely will not work. The authors said that the conclusion that patients do better in the long term if medication is stopped after 6 weeks and only CBT is continued during an additional 6-month period is an important new finding. (Morin, 2009)" The insomnia medications are not indicated for long term treatment of insomnia. Thus, the request for Retrospective Sonata 10mg #30 (DOS: 04/13/15) is excessive and not medically necessary.