

Case Number:	CM15-0174294		
Date Assigned:	09/16/2015	Date of Injury:	09/30/2009
Decision Date:	10/23/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic neck, knee, elbow, shoulder, and wrist pain reportedly associated with an industrial injury of September 30, 2009. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve a request for Sonata. The claims administrator referenced an RFA form received on July 30, 2015 and an associated progress note of July 21, 2015 in its determination. The applicant's attorney subsequently appealed. On July 21, 2015, the applicant reported ongoing complaints of neck, shoulder, elbow, knee, heel, and wrist pain. The applicant was on Norco, Butrans, Sonata, Pamelor, and Restoril, it was reported. The applicant was placed off of work, on total temporary disability. In one section of the note, the attending provider stated that he would discontinue Sonata, adding Lunesta, while another section of the note stated that Sonata was in fact being renewed. No seeming discussion of medication efficacy transpired. The applicant reported 10/10 pain both with and without medications. The attending provider then stated, somewhat incongruously, that the concomitant usage of Sonata and Pamelor had ameliorated the applicant's issues with insomnia but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg #60, 30 days: 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 - Sonata/Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment, (2) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists), Zaleplon (Sonata).

Decision rationale: No, the request for Sonata, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into its choice of pharmacotherapy. Here, however, the attending provider's July 21, 2015 progress note suggested in various sections of the note that the applicant was using up to four different sedative agents, namely Sonata, Pamelor, Restoril, and Lunesta. The attending provider failed to furnish a clear or compelling rationale for concurrent usage of so many different sedative agents. The 60-tablet renewal request for Sonata, furthermore, represented treatments in excess of the "short-term use" role for which Sonata was recommended, per ODG's Mental Illness and Stress Chapter Insomnia Treatment topic. Therefore, the request was not medically necessary.