

<b>Case Number:</b>	CM15-0179593		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	05/23/2011
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old female, who sustained an industrial injury on 5-23-2011. The medical records indicate that the injured worker is undergoing treatment for post-traumatic stress disorder. According to the progress report dated 8-12-2015, the injured worker complains of not being able to sleep. The physical examination notes that she appears fatigued and somewhat stressed, but logical and coherent. The current medications are Ativan, Bupropion, Lexapro, Prazosin, Trazodone, Wellbutrin, and Xanax. Treatment to date has included medication management and psychotherapy. Work status is described as full duty. The original utilization review (8-27-2015) had non-certified a request for Sonata.

### 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, section Zaleplon (Sonata).

**Decision rationale:** The patient presents on 08/12/15 with insomnia. The patient's date of injury is 05/23/11. The request is for Sonata 10mg #30. The RFA is dated 08/12/15. Physical examination dated 08/12/15 is unremarkable. The patient is currently prescribed Ativan, Bupropion, Lexapro, Prazosin, Sonata, Trazodone, Wellbutrin, and Xanax. Patient is currently working full duties. ODG guidelines, Mental Illness and Stress chapter, section Zaleplon (Sonata) has the following: Reduces sleep latency, Because of its short half-life (one hour), may be re-administered upon nocturnal waking provided it is administered at least 4 hours before wake time. This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. In regard to the requested Sonata for the management of this patient's insomnia, the requested duration of therapy exceeds guideline recommendations. This appears to be the initiating prescription of this medication, as it is not among this patient's active medications in the previous report. Official Disability Guidelines support the use of these medications provided that its use is limited to 7-10 days duration. While this patient presents with significant psychiatric complaints and insomnia, the requested 30 tablets does not imply the intent to limit this medication's use to 7-10 days. Therefore, this request is not medically necessary.