

Case Number:	CM15-0095472		
Date Assigned:	05/22/2015	Date of Injury:	06/08/2009
Decision Date:	07/14/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/18/2015

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, Hawaii
 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 (IW) is a 59 year old female who sustained an industrial injury on 06/08/2009. She reported low back pain. The injured worker was diagnosed as having low back pain, and left shoulder pain. Treatment to date has included physical therapy, chiropractic care, and diagnostic studies. Currently, the injured worker complains of insomnia. She also has progression of her back pain that radiates into the bilateral lower extremities with associated numbness. Objectively, the worker moves slowly when transitioning from sitting to standing. She has limited lumbar spine range of motion both in flexion and extension with pain at the end of all movement. There is tenderness in the paralumbar muscles. The treatment plan of 03/31/2015 included requesting a lumbar steroid injection, awaiting a determination on acupuncture and aquatic therapy, a follow up in six weeks, and a prescription for Sonata for insomnia. A retrospective request for Sonata 10mg, every night at bedtime, #30 for insomnia, provided on date of service was submitted at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Sonata 10mg, every night at bedtime, #30 for insomnia, provided on date of service: 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), Mental Illness & Stress Chapter, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Pain, Insomnia.

Decision rationale: The patient presents with insomnia secondary to pain affecting the back with radiation into the bilateral lower extremities. The treating physician report dated 3/31/15 states, "The patient states that she is having some difficulties with insomnia". The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding 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)". The guidelines go on to indicate Sonata for short term use, 7-10 days. The requesting treating physician report dated 3/31/15 states, "Sonata 10 mg 1 tablet p.o. qhs. p.r.r. insomnia". In this case, the treating physician is prescribing the Sonata to be taken every night at bedtime and the current request is for a quantity of 30. The ODG guidelines only recommend the use of Sonata for 7-10 days. The current request is not medically necessary.