

<b>Case Number:</b>	CM13-0044461		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year-old female with a 5/10/11 industrial injury claim. She has been diagnosed with Major Depression; anxiety disorder; pain disorder. According to the 8/17/13 report from [REDACTED], the patient presents with both physical and psychological problems from her work. Her physical problems are not yet resolved and require further surgery. Her disability has wore her down emotionally, she has related depression, anxiety, and has been persistently sad, tearful, with depressed mood and sleep and appetite disturbance. [REDACTED] recommends Roserem 8mg #30 for sleep. On 9/30/13 UR recommended non-certification for use of Roserem.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROZEREM 8MG #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 (ODG).

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

**Decision rationale:** The patient presents with physical and mental problems and was reported to require further surgery. She was reported to have anxiety and difficulty with sleep and the

physician has recommended Roserem. 8mg qhs, #30 for a 30-day supply. MTUS/ACOEM do not discuss insomnia treatment so ODG guidelines were consulted. ODG states Roserem :  
"Dosing: 8mg within 30 minutes of bedtime; recommended for short-term (7 - 10 days) use only."  
ODG does not recommend use of Roserem longer than 10-days. The request for a 30-day supply will exceed the ODG recommendations.