

Case Number:	CM14-0105395		
Date Assigned:	07/30/2014	Date of Injury:	08/29/2011
Decision Date:	09/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/08/2014

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 Psychiatry 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:

Injured worker is a 42 year old female with date of injury 8/29/2011. Date of the UR decision was 6/23/2014. Report dated 5/2/2014 documented that the injured worker presented with complaints of anxiety and depression and she was noted to have an appropriate affected. She was given the diagnosis of manic disorder, single episode. Report dated 8/15/2014 suggested that he presented as angry and frustrated with the progress and with the lack of authorization of her medications. His affect was described as constricted. He was prescribed Fluoxetine 60 mg, Doxepin 25-50 mg at bedtime, Rozerem 8 mg at bedtime with 2 refills and Lorazepam 1 mg up to four times daily as needed. Report dated 1/31/2014 suggested that Lorazepam 1- 1.5 mg every 6 hours as needed was prescribed with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rozerem 8 mg, quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <FDA.gov- ROZEREM (ramelteon) >.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: FDA.gov- Rozerem The Expert Reviewer's decision rationale:Rozerem (ramelteon) is indicated for the treatment of insomnia characterized by difficulty with sleep onset. The clinical trials performed in support of efficacy were up to 6 months in duration. The submitted documentation does not indicate any sleep problems that are being experienced by the injured worker. The request for Rozerem 8 mg, quantity 30 is not medically necessary.

Lorazepam 1 mg, quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaningof medications Page(s): 24, 124.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepine, Weaningof medications, pages 24, 124.The Expert Reviewer's decision rationale:MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions."Reviewed documentation suggests that the injured worker has been prescribed Lorazepam for at least 6 months with no documented plan for taper. The request for Lorazepam 1 mg, quantity 120 is not medically necessary.