

Case Number:	CM14-0010186		
Date Assigned:	02/21/2014	Date of Injury:	10/11/1999
Decision Date:	07/17/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The patient is a 41-year-old female who has submitted a claim for chronic multifactorial thoracic pain, costochondritis, and muscle spasm secondary to flare and segmental dysfunction associated with an industrial injury date of 10/11/1999. Medical records from 2012-2013 were reviewed which revealed consistent pain on her middle back which radiated to the ribs. This was aggravated by flexion, lifting, twisting and deep breathing. She had difficulty sleeping and concentrating. Physical examination showed that patient is profoundly depressed and demonstrated anxious affect. There was tenderness along the entire thoracic rib with marked spasm upon light palpation. It was most prominent from T5-T10. Treatment to date has included cognitive behavioral therapy and Botox injections. Medications taken include, Ambien, Rozerem, Zolpidem, Benadryl, Flexeril, Lidocaine and Zyrtec. Utilization review from 1/3/14 denied the requests for Zolpidem and Rozerem. Regarding Zolpidem, it was denied because there was no documentation of current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. Regarding Rozerem, it was denied because total sleep time with the use of Rozerem did not improve.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROZEREM TABLET 8 MG #30 WITH REFILLS: 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) Pain Chapter, Insomnia Treatment Section, Melatonin-receptor agonist, Ramelteon.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Insomnia Treatment Section, Melatonin-receptor agonist: Ramelteon, was used instead. The ODG states that melatonin-receptor agonist is indicated for difficulty with sleep onset. It is not a controlled substance and is recommended for short-term use of treatment of insomnia. In this case, patient has been taking Rozerem, brand name of Ramelteon, a melatonin-receptor agonist since January 2013. However, there has been no discussion of the patient's sleep hygiene with intake of Rozerem. Furthermore, patient is currently on Zolpidem. There was also no discussion regarding the medical benefit of adding Rozerem. Therefore, the request for Rozerem tablet 8 mg #30 with refills is not medically necessary and appropriate.

ZOLPIDEM ER TABLET 12.5 MG #30 WITH REFILLS: Overturned

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), Pain Chapter, Insomnia Treatment, Zolpidem.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Zolpidem was used instead. The ODG states that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking this medication as early as January 2, 2013. Progress report dated 1/15/14 mentioned that she was having difficulty sleeping and being asleep which Zolpidem addressed before. It was recommended to return the patient to the said medication in an effort to improve her current sleep deprivation. In addition, it was also mentioned that Zolpidem enhanced her ADL by reducing her fatigue due to lack of sleep. Therefore, the request for Zolpidem ER tablet 12.5 mg #30 with refills is medically necessary and appropriate.