

<b>Case Number:</b>	CM14-0012707		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/01/2006
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Internal Medicine 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 54-year-old female with a 5/1/06 date of injury. In a progress report from 1/7/14, the patient reported ongoing persistent neck and low back pain rated 6/10 on average, 10+/10 at its worst, and 5/10 with medications. The patient noted she did not feel the medications, including Norco, Relafen, Rozerem, and Wellbutrin, were working as well as previously. The patient also noted she had been trying to walk, but had numbness and a sensation of paralysis in the groin and legs. Objective findings: diminished range of motion in the lumbar spine, good strength in both lower extremities, normal gait and stance. Diagnostic impression: status post lumbar disectomy, chronic neck pain, status post right knee arthroscopic surgery, and depression. Treatment to date: medication management, activity modification, acupuncture, TENS unit, and surgery. A UR decision dated 1/29/14 denied the request for Rozerem. CA MTUS does not include guidelines specific to Rozerem, therefore, alternative guidelines were referenced. While Rozerem is not a scheduled substance, side effects may include CNS depression, somnolence, dizziness, fatigue, abnormal thinking, bizarre behavior, and Rozerem should be used with caution in patients with depression. Use of Rozerem is recommended to be limited to 7-10 days. Provided documentation indicates the patient has been prescribed Rozerem since at least 9/26/13, and the most recent interval report did not indicate ongoing issues with sleep. Guidelines caution use of Rozerem with concomitant depression and use is not supported for greater than 10 days. Therefore, ongoing use is not congruent with evidence-based guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROZERAM 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), Pain (Acute & Chronic).

**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 (Rozerem).

**Decision rationale:** CA MTUS and ODG do not address this issue. Rozerem is only indicated for short-term treatment of insomnia. Insomnia that lasts after 7 to 10 days of treatment may be a sign of another medical problem that should be evaluated. According to the progress notes provided, the patient has been on Rozerem since at least 9/26/13, if not earlier. There is no discussion provided of other alternatives for insomnia, such as proper sleep hygiene. Furthermore, in the most recent progress reports reviewed, there is no documentation that the patient is complaining of a sleep disorder or that Rozerem is improving her quality of sleep. In addition, the patient is documented to be complaining of worsening of symptoms despite her current medication regimen. Therefore, the request for Rozeram 8 mg #30 was not medically necessary.