

<b>Case Number:</b>	CM14-0120748		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/17/1998
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Occupational 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:

Patient is a 65-year-old female with complaint of lumbago, Sprains and Strains of Sacroiliac Region, Lumbosacral Joint; degeneration of the intervertebral disc, site unspecified, degenerative disc disease NOS, narrowing of intervertebral disc or space NOS; associated with an industrial injury of 07/17/98. Medical records from 2014 were reviewed. Latest dated progress report of 04/24/14 was reviewed. Description of the original injury was not stated in the submitted documentations. Undated progress report showed patient had complaints of chronic low back pain worse during winter and when sitting in one position for at least 30minutes at a time described as sharp, shooting pain with numbness radiating to the right leg. She also complains of inner knee pain, numbness of both toes when walking, sitting or lying down, which frequently awakens her at night, and increasing in severity with activity. Objective findings note lumbar spasms, decreased lordosis, stiffness in ROM, tenderness at the L2-5 area, crepitus, +1 reflexes, (+) straight leg raising and decreased sensation in both toes. Treatment plan was to continue medications. Treatment to date has included medications (Omeprazole, Celebrex, Norco, Valium and Rozerem started at least 03/14/14). Utilization review dated 07/19/14 modified the request for Rozerem from 8mg 1 tab q8 #30 to Rozerem 8mg 1 tab q8 #15 instead. The records indicate that the patient has been using the medication on a chronic basis. Also, the efficacy of its use has not been noted in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rozerem 8mg 1 q 8 pm #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 Official Disability Guidelines (ODG) Mental & Stress, Insomnia treatment, Rozerem

**Decision rationale:** The CA 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 was used instead. Rozerem is a sedative-hypnotic used for the treatment of insomnia. "Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Rozerem is a selective melatonin agonist (MT1 and MT2) indicated for difficulty with sleep onset; is nonscheduled (has been shown to have no abuse potential). One systematic review concluded that there is evidence to support the short-term and long-term use of ramelteon to decrease sleep latency; however, total sleep time has not been improved. In this case, patient has been using Rozerem since at least 03/14/14. It has not been shown to be recommended for the treatment of chronic pain. There was likewise no mention in the submitted documentation of any diagnosis of insomnia, or any subjective complaints of difficulty sleeping. Also, it has been recommended for short-term use only, approximately 7-10 days. There was no documentation of patient's response or improvement with use of the medication. Therefore, Rozerem 8mg 1 tab q8 pm #30 is not medically necessary.