

Case Number:	CM14-0150042		
Date Assigned:	10/20/2014	Date of Injury:	11/23/1982
Decision Date:	11/24/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 23, 1982. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; psychotropic medications; sleep aids; and psychotherapy. In a Utilization Review Report dated August 13, 2014, the claims administrator approved a request for Neurontin, approved a request for Wellbutrin, approved a request for Inderal, approved a request for Geodon, approved a request for Benadryl, and denied a request for Rozerem. The claims administrator stated that there was no evidence that Rozerem had proven beneficial. The applicant's attorney subsequently appealed. In a letter dated August 21, 2014, the applicant's treating provider noted that the applicant had successfully used Rozerem for over 10 years and wished to continue on the same. The attending provider stated that Rozerem was an appropriate choice, given the applicant's historical issues with opioid dependence noting that Rozerem was not habit forming. In a June 9, 2014 progress note, it was noted that the applicant had ongoing issues with chronic low back pain, major depressive disorder, and resultant sleep disturbance. The applicant's medication profile included Suboxone, MiraLax, Wellbutrin, Neurontin, Rozerem, and Geodon. The applicant was reportedly permanent and stationary. It did not appear that the applicant was working in her formal role as a gardener/housekeeper.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rozerem 8mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation Review of Ramelteon in the Treatment of Sleep Disorders, David Neubauer, February 2008

Decision rationale: While the MTUS does not specifically address the topic of Rozerem, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant's treating provider has posited that ongoing usage of Rozerem has ameliorated the applicant's issues with sleep disturbance secondary to depression and pain. A review article on Ramelteon (Rozerem) published in February 2008, furthermore, suggests that Rozerem has been approved by the FDA for the treatment of insomnia, did not have a direct sedating effect, reportedly has not abuse liability and is not scheduled by the Drug Enforcement Agency (DEA). Given the seeming lack of abuse potential, the fact that Rozerem is apparently indicated for long-term use, and the fact that the applicant and/or attending provider have reported that prior use of Rozerem has proven successful here, continuing the same, on balance, is indicated. Therefore, the request is medically necessary.