

Case Number:	CM14-0167240		
Date Assigned:	10/14/2014	Date of Injury:	11/27/2001
Decision Date:	11/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/10/2014

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 Family Practice 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 60 years old male claimant sustained a work injury on 11/27/01 involving the low back, neck and head. He was diagnosed with traumatic brain injury, cervical pain, thoracic pain and low back pain. Prior imaging studies showed degenerative changes in the cervical spine and multiple thoracic and lumbar compression fractures. He had been on topical analgesics and oral NSAIDs for pain. He had been on Rozarem since at least April 2014 for sleep difficulties. A progress note on 8/27/14 indicated the claimant had 4/10 pain with medications. Valium allowed him to read and function. He is able to sleep at night with Rozarem otherwise he would only get 2 hours of sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rozerem 8 MG #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 (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG insomnia)

Decision rationale: Rozarem is a selective sleep agent that binds to melatonin receptors. According to the guidelines, Rozarem is intended for difficulty with sleep onset. It is intended for short-term use (7-10 days) . In this case, it had been used for several months. In addition, other methods to aid in sleep including other agents or behavioral aspects were not identified. The continued use of Rozarem is not medically necessary.