

<b>Case Number:</b>	CM14-0041938		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	12/20/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 44-year-old male with three separate dates of injury, the most recent being 12/20/2010 in which he sustained a work related injury as result of stepping in to stop an altercation with a patron at the place of business he was working. He injured his back sustaining a L5-S1 intervertebral disc disruption, left shoulder and left hip causing labral tearing in both joints, upper extremity and sustained facial fracturing. To correct the facial fracturing, he underwent facial surgery in 2011. Since his injury, he has suffered from posttraumatic stress disorder (PTSD) and nightmares, depression and anxiety. The patient has sought and continues to receive psychotherapy sessions regarding his PTSD, Depression and Anxiety. He has suffered from poor concentration, loss of interest, low motivation and passive suicide ideation that is described as a 'lack of interest in living' hopeless feeling. However, there has been no attempt of harming himself. A time period of 2 months off Prazosin lead to multiple nightmares nightly and awaking with heart racing and anxiety. He has musculoskeletal complaints of cervical, left shoulder, lumbar and left hip pain and has undergone surgical intervention regarding his left shoulder and left hip conditions. His medications help the patient attain better sleep with decreased occurrence and intensity of his nightmares. In dispute is a decision for Rozerem 8mg, #30, 11 refills and Prazosin 2mg, #60, 11 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rozerem 8 MG # 30, 11 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, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment and on Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a605038.html>.

**Decision rationale:** Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) 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. Melatonin-receptor agonist: Ramelteon (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. (Reynoldson, 2008) (Zammit, 2007) Ramelteon is not a controlled substance. Side effects: central nervous system (CNS) depression, somnolence, dizziness, fatigue, abnormal thinking and bizarre behavior have occurred. Use with caution in patients with depression, hepatic impairment, and respiratory conditions such as chronic obstructive pulmonary disease (COPD) or sleep apnea. Dosing: 8mg within 30 minutes of bedtime; recommended for short-term (7 - 10 days) use only. Although this medication is FDA approved for use in the treatment of insomnia, it is only recommended for short-term use (7 - 10 days). As written, the request greatly supersedes this recommendation. The request is not medically necessary.

**Prazosin 2 mg # 36, 11 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, Prazosin.

**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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682245.html>.

**Decision rationale:** Prazosin: this is an anti-hypertensive medication in the class of alpha-blockers utilized to treat elevated blood pressure. It works by relaxing the blood vessels so that blood can flow more easily through the body. Prazosin has also found to be effective in the treatment of benign prostatic hyperplasia, congestive heart failure, pheochromocytoma (adrenal gland tumor), sleep problems associated with post-traumatic stress disorder (PTSD) and Raynaud's disease. Since the discontinuance of this medication, the patient has suffered worsening nightmares, anxiety, sleep disturbance and palpitations. This medication greatly enhances the patient's symptomatology associated with his PTSD and may be utilized adjunctively in the treatment of the condition. In this case, Prazosin is medically necessary.

