

<b>Case Number:</b>	CM14-0086280		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 and is licensed to practice in New York. 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 claimant is a 68 year old female who sustained an industrial injury on 01/14/11. The mechanism of injury was not provided for review. Her diagnoses include bilateral knee pain s/p right total knee replacement and s/p left knee arthroscopic surgery, and reflux esophagitis secondary to nonsteroidal anti-inflammatory medication use. She complains of pain in both knees. On physical exam she has a left-sided antalgic gait and the left knee has decreased range of motion with tenderness and crepitus on movement. The right knee has tenderness to palpation but no instability. Treatment in addition to surgery has included medical therapy, Orthovisc injections, left knee unloader brace, and physical therapy. The treating provider has requested Rozerem 8 mg # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rozerem 8mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** There is no documentation provided necessitating the requested medication, Rozerem. Rozerem (Ramelteon) can be used for insomnia particularly delayed sleep onset. Ramelteon has not been shown to produce dependence and has shown no potential for abuse, and the withdrawal and rebound insomnia that is typical with GABA modulators is not present in Ramelteon. The medication is not recommended for long-term use. There is no clear history of insomnia or a good history demonstrating an adequate trial of sleep hygiene. The medical necessity of the use of this medication has not been demonstrated. Such as, Rozerem 8mg #90 is not medically necessary.