

<b>Case Number:</b>	CM14-0188524		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	01/17/2007
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Physical Medicine and Rehabilitation 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:

This case involves a 40 year old male who sustained an injury to his back on 01/17/2007. The mechanism of injury and diagnostic tests were not included. He has been treated with acupuncture, and medications. The injured worker complains of low back pain radiating down his left leg with numbness. The current diagnoses include lumbar strain and chronic pain syndrome. Medications Remeron, Protonix, Zanaflex and Rozerem were denied due to lack of justification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Remeron 30 mg #30 with 2 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, Online Version, Integrated Treatment/ Disability Guidelines, Mental Illness & Stress, Insomnia Treatment, Sedating Antidepressants

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Insomnia treatment

**Decision rationale:** The primary treating physician (PT) states the injured worker has depression and insomnia secondary to chronic pain. He has tried other medications with no success. The injured worker has had improved sleep since taking the Remeron. The Official Disability Guidelines (ODG) states that, "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia. It may be used as an option in patients with coexisting depression." Therefore, this request is medically necessary.

**Zanaflex 4 mg #10 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The primary treating physician states the injured worker only takes the Zanaflex for spasms. It helps to decrease his pain and has enabled the injured worker to keep working full time. The medication has proven efficacy with increased function. The CA MTUS allows episodic usage of Zanaflex for acute flare ups. The medication is being used within guidelines; therefore, this request is medically necessary.

**Rozerem 8 mg #30 with 2 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 (ODG), Online Version, Integrated Treatment/ Disability Guidelines, Mental Illness & Stress, Insomnia Treatment, Melatonin-Receptor Agonist.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress chapter, Insomnia.

**Decision rationale:** The patient presents with chronic lower back pain. The treating physician requests for Rozerem (Ramelteon) 8 mg #30. Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Insomnia Topic, states the following, "(3) Melatonin-receptor agonist: Ramelteon (Rozerem) is a selective melatonin agonist (MT1 and MT2) indicated for difficulty with sleep onset; and 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." Rozerem is being prescribed for insomnia secondary to pain with recorded beneficial effect .ODG states the medication is indicated for the patient's condition. Therefore, this request is medically necessary.

**Protonix 40 mg #30 with 2 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 (ODG), Online Version, Integrated Treatment/ Disability Guidelines, Pain (Chronic), Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

**Decision rationale:** The primary treating physician states the injured worker takes Ibuprofen for pain. The injured worker's work has a long history of regurgitation with chronic medications that is relieved by Protonix. The CA MTUS recommends treatment of dyspepsia with non-steroidal anti-inflammatory drugs (NSAIDs) by treatment with H2 agonist or proton pump inhibitors (PPIs). Therefore, this request is medically necessary.