

Case Number:	CM14-0210752		
Date Assigned:	12/23/2014	Date of Injury:	06/20/2011
Decision Date:	02/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/16/2014

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:

40 yr. old female claimant sustained a work injury on 6/20/11 involving the neck and right shoulder. She was diagnosed with bursitis and shoulder strain. She had undergone radiofrequency denervation of the cervical region. She had restricted range of motion for which she had topical analgesics and muscle relaxants. She had undergone physical therapy. A progress note on 11/18/14 indicated the claimant had continued pain in the neck with reduced range of motion and facet tenderness. She was performing home exercises. Due to night shift work and difficulty sleeping, she requested a sleeping aid medication. The physician provided Rozerem to assist with sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rozerem 8mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomina Treatment

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

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. 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 Rozerem to decrease sleep latency; however, total sleep time has not been improved. In this case, there was no mention of alternate methods to aid in sleep. There was no primary sleep disturbance but rather a work schedule that affected sleep. The amount prescribed exceeded the 7 day period of sleep disturbance evaluation. The request for Rozerem is not medically necessary.