

Case Number:	CM14-0086856		
Date Assigned:	07/23/2014	Date of Injury:	09/12/2004
Decision Date:	05/04/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 injured worker is a 58 year old female, who sustained an industrial injury on 9/12/2004. Diagnoses include major depression single episode and panic disorder with agoraphobia. Treatment to date has included outpatient psychiatric care and medications. Per the Primary Treating Physician's Progress Report dated 7/12/2014 the injured worker reported back pain which has exacerbated her depression. She reports frustration at denial for a follow up CPAP study. Physical examination revealed as ever limp. She ambulates with the assistance of a cane. Her mood is depressed and anxious. The plan of care included, follow-up polysomnography with CPAP and medications and authorization was requested for Brintellix 10mg and Rozerem 8mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rozerem 8mg, qty 30: 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), Treatment Index, 11th Edition (Web), 2013, Mental Illness and Stress, Sedative Hypnotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov- Rozerem.

Decision rationale: Rozerem (ramelteon) is a sedative. ROZEREM (ramelteon) is indicated for the treatment of insomnia characterized by difficulty with sleep onset. Rozerem is used to treat insomnia that is associated with having trouble falling asleep. Unlike some other sleep medications, ramelteon is not known to be habit-forming. The request for Rozerem 8mg, qty 30 is medically necessary for the treatment of insomnia in this case.