

<b>Case Number:</b>	CM15-0134148		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	06/03/2012
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38 year old female who sustained an industrial injury on 6/5/12. She had complaints of low back and coccyx pain. Treatments include: medication, physical therapy, home exercises, chiropractic care, massage, trigger point injections and medial branch block. Progress report dated 6/5/15 reports continued complaints of radiating back pain rated 7/10 with medication and 9/10 without medication. Quality of sleep is poor. She has decreased range of motion. Diagnoses include: thoracic spine degenerative disc disease, low back pain and lumbar facet syndrome. Plan of care includes: request epidural steroid injection L4-5, L5-S1 for radicular neuropathy, continue Norco as needed, continue rozerem for sleep, take diazepam before MRI for claustrophobia, encourage home exercise program. Work status: restrictions of no lifting greater than 15 pounds, avoid heavy pushing and pulling greater than 10 pounds. Follow up in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rozerem 8 mg #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).

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

**Decision rationale:** This patient presents with complaints of low back and coccyx pain. The current request is for Rozerem 8mg #30. The RFA is dated 06/11/15. Treatments include: medication, physical therapy, home exercises, chiropractic care, massage, trigger point injections and medial branch block. Work status: return to work with restrictions. The ODG guidelines under the pain chapter have the following under Insomnia treatment: (3) 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. Progress report dated 6/5/15 reports that the patient complaints of radiating back pain rated 7/10 with medications and 9/10 without medications. The patient has reported difficulties with sleep secondary to pain. The patient reports that her medications are working well. The patient has been utilizing Rozerem since at least 04/24/15. Melatonin is supported by ODG for sleep disturbances. Given the patient's sleep issues, chronic pain and documentation of decrease in pain with medications, the request is medically necessary.