MAXIMUS Federal Services

Case Number:	CM15-0142881		
Date Assigned:	08/03/2015	Date of Injury:	10/15/2003
Decision Date:	09/04/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/23/2015

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 54 year old male, who sustained an industrial injury on 10-15-03. Initial complaints were not reviewed. The injured worker was diagnosed as having sprain of shoulder, rotator cuff; carpal tunnel syndrome; cervical spondylosis without myelopathy; sprain of unspecified site of wrist. Treatment to date has included status post left shoulder arthroscopic rotator cuff repair, subacromial decompression, distal clavicle excision; status post right shoulder arthroscopic rotator cuff repair subacromial decompression, debridement with biceps tenotomy; cognitive behavioral therapy; physical therapy; trigger point injections; carpal tunnel injection; medications. Currently, the PR-2 notes dated 5-6-15 indicated the injured worker reports he has not started physical therapy. He reports stabilizing neck and bilateral shoulder pain with no significant change in his left wrist pain. He has decreased functional capacity. Objective findings are documented by the provider as cervical flexion remained at 40 degrees, extension 45 degrees and bilateral rotation increased to 70 degrees. He has a heightened cervical paraspinal spasm. There is negative right and left cervical facet maneuver. Tenderness is noted in the splenius capitus cervicis with bilateral upper trapezius trigger points noted. He has bilateral supraclavicular tenderness with positive Roos test. The right shoulder abduction is full and flexion to 170 degrees. There is subacromial tenderness with positive impingement testing. The provider documents mild AC joint tenderness with negative AC joint stress test. There is positive biceps roll test and Speed testing. The left shoulder examination reveals flexion to full with mild AC tenderness. There is negative AC joint stress test but positive biceps roll test and Speed test. There is mild left dorsal wrist tenderness with no swelling but a positive Tinel's sign

bilaterally. There is a positive Phalen's test right greater than left. There is also positive bilateral carpal tunnel compression test right greater than left. He notes an EMG was completed and will need to retrieve that report. The injured worker is to resume physical therapy for the neck and bilateral shoulders. The provider is requesting authorization of Rozerem 8mg #30 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rozerem 8mg #30 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter-Insomnia treatment.

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 under Insomnia treatment.

Decision rationale: The patient presents with neck, bilateral shoulder and left wrist pain. The request is for ROZEREM 8MG #30 2 REFILLS. The request for authorization is dated 06/22/15. Physical examination reveals heightened cervical paraspinal spasm. Tenderness are noted in the splenius capitis, splinius cervicis. Bilateral upper trapezius trigger points noted. There is bilateral supraclavicular tenderness. There is positive bilateral Roos test. There is subacromial tenderness. There is positive impingement testing x 2. There is mild AC joint tenderness. There is positive biceps roll test. Positive Speed testing. There is mild left dorsal wrist tenderness. There is positive Tinel's sign at both wrists. There is positive bilateral Phalen test right greater than left. There is also positive bilateral carpal tunnel compression test, right greater than left. Patient's medications include Relafen, Protonix, Flexeril, Prozac and Rozerem. Per progress report dated 07/08/15, the patient is permanent and stationary.ODG guidelines under the pain chapter has 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. Per progress report dated 05/06/15, treater's reason for the request is "sleep." Patient has been prescribed Rozerem since at least 01/07/15. However, review of provided medical records show no discussion, documentation or diagnosis by the treater of sleep issues in this patient. Given the lack of documentation, the request for Rozerem does not meet guidelines indication. Therefore, the request IS NOT medically necessary.