

Case Number:	CM15-0143308		
Date Assigned:	08/04/2015	Date of Injury:	10/25/2009
Decision Date:	09/01/2015	UR Denial Date:	07/07/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 39 year old female who sustained an industrial injury on 10-25-09. Diagnosis is pain in joint lower leg. In a visit note dated 6-12-15, the treating physician reports she is status post meniscal repair on May 22 and she is going to physical therapy for the right knee. She uses one crutch for short distances. Gait is antalgic. She complains of persistent pain rated at 4 out of 10 with the use of Norco and Nabumetone. Without pain medication, it can rise to 8 out of 10. Current medications are Lidoderm patch, Docusate Sodium, Nabumetone-relafen, Norco, and Rozerem. A urine drug screen was administered this visit. A progress note dated 5-4-15 indicates previously she was taking Trazadone which was noted to be ineffective and she had weight gain. She was started on Ambien instead for the insomnia. The requested treatment is Rozerem 8mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rozerem 8mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

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 and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications 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. In this case, the claimant was previously on Ambien. The etiology of the sleep issue or failure of behavioral interventions was not noted. Long-term use of insomnia medications is not indicated and the Rozeram is not medically necessary.