

<b>Case Number:</b>	CM15-0163737		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/07/2000
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 64 year old female, who sustained an industrial injury on 6-7-2000. Medical records indicate the worker is undergoing treatment for chronic migraine, disorder of the bursae and tendon in the shoulder, headache and insomnia. A recent report dated 7-23-2015, reported the injured worker complained of chronic migraine and insomnia. The documentation states the injured worker had tried Zomig, Maxalt, Imitrex, Amitriptyline, Zyprexa and Cymbalta with no positive benefits. A visit from 5-12-2015 stated the worker complained of migraine headache with no abnormal physical neurological findings, and received Botox injection. Treatment to date has included occipital nerve block, Botox injections, Cambia powder, Sumeval injections and Rozerem. On 7-23-2015, the Request for Authorization requested Rozerem 8mg at bedtime. On 8-4-2015, the Utilization Review noncertified the request for Rozerem 8mg at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rozerem 8mg @hs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The medical records provided for review do not indicate improvement in pain symptoms or report significant sleep interference. ODG guidelines support short-term use of sleep agent such as rozerem for 4 to 6 weeks when there is failure of 6 months of conservative care and sleep hygiene program. As the medical records provided for review do not indicate or document such failure, the medical records do not support a medical necessity for this treatment. Therefore, the request is not medically necessary.