

Case Number:	CM15-0167167		
Date Assigned:	09/04/2015	Date of Injury:	05/14/2001
Decision Date:	10/08/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/25/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 May 14, 2001. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included lumbar epidural steroid injections, MRI, lumbar medial branch nerve block, CT scan, medications, physical therapy, home exercise program, trigger point injections, Botox injections, psychotherapy, sleep study and laboratory tests. Currently, the injured worker complains of migraine headaches, neck and pain. She also reports burning sensation in her legs that is rated at 7-9 on 10. The injured worker is currently diagnosed with migraine headaches, cervical pain and lumbar pain. Her work status is permanent and stationary, retired. A physical therapy note dated March 6, 2015 states the injured worker is experiencing relief from ultrasound treatments. A physical therapy note dated March 11, 2015 states the injured worker is not progressing from therapy and has no improvement of spine mobility or pain level. The note also states she does experience temporary relief after treatment; however, she does not demonstrate a willingness to make permanent beneficial changes and seeks temporary relief despite continued education. A progress note dated March 17, 2015 states the injured workers current medication regimen helps her to maintain her current level of function. The note also states the injured worker is experiencing efficacy from Nucynta. The note further states there has been functional decline without Botox, facet and SI injections. She experienced a 50% in pain reduction from trigger point injections. The following medications, Rozerem 8 mg #90 and Nucynta 75 mg #120 are requested to assist with sleep and reduce pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rozerem 8mg #90: Upheld

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

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

Decision rationale: Rozerem is the brand name of Ramelteon. The MTUS is silent on the use of ramelteon. The ODG states that, "Melatonin-receptor agonist: Ramelteon (Rozerem) is a selective melatonin agonist (MT1 and MT2) indicated for difficulty with sleep onset; is non-scheduled (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. (Reynoldson, 2008) (Zammit, 2007) Ramelteon is not a controlled substance. Side effects: CNS depression, somnolence, dizziness, fatigue, abnormal thinking and bizarre behavior have occurred. Use with caution in patients with depression, hepatic impairment, and respiratory conditions such as COPD or sleep apnea. Dosing: 8mg within 30 minutes of bedtime; recommended for short-term (7 - 10 days) use only". This medication is recommended for short term use only. As written, the request is in excess of the 7-10 days recommended. The UR modified the request to allow for short-term use, which is appropriate. As such, the request for Rozerem 8mg #90 is not medically necessary.

Nucynta 75mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: MTUS states regarding the use of opioids that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. There is no evidence of close monitoring which is required for chronic opioid use. The original reviewer modified the request down to 108 units to allow for weaning, which was appropriate. The medical records do not support continued treatment per guidelines and weaning should occur. As such, the request for Nucynta 75mg #120 is not medically necessary.