

<b>Case Number:</b>	CM15-0187405		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 60 year old male who sustained an industrial injury on 10-15-10. A review of the medical records indicates he is undergoing treatment for low back pain, lumbar-lumbosacral disc degeneration, lumbar radiculitis, sprain of the hip and thigh, and long-term use of medications. Medical records (2-26-15 to 8-5-15) indicate ongoing complaints of low back pain, radiating to bilateral hops. He has rated his pain "5-7 out of 10". He also complains of difficulty sleeping due to the pain. He reports that he does not have difficulty falling asleep, but has difficulty staying asleep. He reports that he has been sleeping on the couch on his left side, but is waking 2-3 times per night (6-2-15). The physical exam has not been completed since 4-14-15. It revealed an antalgic gait. Lumbar spine range of motion was diminished and the injured worker had pain with end range flexion and a "pulling sensation" at end range and left lateral bending. The straight leg raise was negative bilaterally. Faber's test and sacroiliac joint compression test were positive on the right side. "Moderate" tenderness was noted with "taut palpable muscle bands over the right lumbar paraspinals and right sacroiliac joint region and right trochanteric and iliotibial band". Weakness was noted of the right distal lower extremity. Diagnostic studies have included x-rays of the lumbar spine, pelvis, right hip, and MRI of the right hip, lumbar spine, and a left hip MRI arthrogram (4-14-15). He has also undergone a drug screen on 8-5-15. The injured worker reports that he is able to complete self-care, such as washing, bathing, dressing, and using the bathroom "normally", but has discomfort in doing so. Treatment has included acupuncture, a sacroiliac belt, a "larger" back brace, and medications. His current medications (8-5-15) include Rozerem 8mg every night at bedtime and Norco 10-

325, 1 tablet every 4-6 hours. He has been taking Norco since, at least 2-26-15. Rozerem was, initially, ordered on 6-2-15. The utilization review (8-24-15) indicates request for authorization for 8 sessions of aquatic therapy, Norco 10-325, and Rozerem 8mg. All requests were denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aquatic therapy x8: 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): Aquatic therapy, Physical Medicine.

**Decision rationale:** Aquatic therapy x8 is not medically necessary per the MTUS Guidelines. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy for conditions such as extreme obesity. The MTUS encourages a transition from supervised therapy to an independent home exercise program. The documentation indicates that the patient has had prior PT. The documentation does not indicate that the patient cannot tolerate land based therapy. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 8 more supervised therapy visits therefore this request is not medically necessary.

**Norco 10/325mg (quantity not provided): 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.

**Decision rationale:** Norco 10/325mg (quantity not provided) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. This request cannot be certified as medically necessary. There is no requested and the MTUS does not support ongoing Norco or opioid use without evidence of efficacy and according to the MTUS prescribing guidelines.

**Rozerem 8mg (quantity not provided): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 7/15/15) Ramelteon (Rozerem).

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

**Decision rationale:** Rozerem 8mg (quantity not provided) is not medically necessary per the ODG. The MTUS does not address insomnia treatment. The ODG states that 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. This medication is indicated for difficulty with sleep onset. The patient indicates that he has no difficulty falling asleep, but rather staying asleep therefore this medication is not medically necessary. Furthermore, there is no quantity of this medication requested. For these reasons, Rozerem is not medically necessary.