

Case Number:	CM15-0188446		
Date Assigned:	09/30/2015	Date of Injury:	09/12/2003
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old male, who sustained an industrial injury on 09-12-2003. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbosacral spondylosis, sciatica, sacrum disorders, and acquired spondylolisthesis. Medical records (02-26-2015 to 08-28-2015) indicate ongoing radiating lumbar pain with increased spasms in the low back and legs. Pain levels were significantly decreased from 7 out of 10 to 1-3 out of 10 on a visual analog scale (VAS) after undergoing a lumbar facet radiofrequency ablation (RFA). However, the latest report indicates that pain is starting to return. There were no reports or complaints of insomnia during this reporting period. Records also indicate no changes in activity levels or level of function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-28-2015, revealed no acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness or suicidal ideations, and restricted range of motion in the lumbar spine, with spasms and guarding. All other findings were noted to be normal. Relevant treatments have included a lumbar RFA, lumbar epidural steroid injections, physical therapy (PT), chiropractic treatments, work restrictions, and medications (Rozerem since at least 07-2014). The PR (08-28-2015) indicates that the previous (last month) urine toxicology screen was found to be positive for cocaine and marijuana. Confirmatory results were still pending. The request for authorization (08-28-2015) shows that the following medication was requested: Rozerem 8mg #30. The original utilization review (09-15-2015) non-certified the request for 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 quantity 30: 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, 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 section, insomnia medicines.

Decision rationale: The MTUS is silent on this medicine. The ODG notes regarding sleeping medicines, only short-term use is advocated due to tolerance and addictive effects long term. The ODG notes: Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. 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. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In this case, the degree, type and depth of insomnia are not known. It is not clear this is a short-term usage. The request is not medically necessary.