

<b>Case Number:</b>	CM15-0201010		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/10/2012
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Internal Medicine, 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 38 year old female who sustained an industrial injury on June 10, 2012. The injured worker is being treated for torn meniscus. Subjective: March 11, 2015, May 08, 2015 "right knee pain." States "no received the Norco yet which did help wither pain and function previously." Constipation, balance problems, poor concentration, memory loss, numbness, depression. Medications: May 08, 2015 Lidoderm patches, Colace, Nabumetone, Norco, and Ambien; prescribed Rozerem and Ambien noted discontinued. March 11, 2015 Fentanyl patches, Trazadone, Lidoderm patches, Colace, and Relafen. September 02, 2015 Norco, Relafen, Norco, Rozerem, and Colace. Treatment modalities: activity modifications, medications, pending scheduled surgery for torn meniscus, physical therapy. Diagnostic testing: MRI right ankle and bilateral knee May 14, 2014. On September 11, 2015, a request was made for Rozerem 8mg #30 that was denied by Utilization Review on September 18, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Rozerem 8mg #30, date of service: 09/02/2015: 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 Chapter, 2015, Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [ww.drugs.com/rozerem](http://www.drugs.com/rozerem).

**Decision rationale:** This 38 year old female has complained of knee pain since date of injury 6/10/2012. She has been treated with physical therapy and medications. The current request is a retrospective request for Rozerem 8mg #30, date of service: 09/02/2015. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. Based on the available medical documentation, and per the guidelines cited above, retrospective request for Rozerem 8mg #30, date of service: 09/02/2015 is not medically necessary in this patient.