

Case Number:	CM15-0082761		
Date Assigned:	05/05/2015	Date of Injury:	05/08/2008
Decision Date:	06/11/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65 year old female, who sustained an industrial injury on 5/08/2008. The mechanism of injury was not noted. The injured worker was diagnosed as having unspecified backache. Treatment to date has included diagnostics, left hip injection, and medications. On 1/07/2015, the injured worker complained of left hip pain with occasional radiation into the thigh. Pain was rated 8/10. Her low back sensitivity appeared to be secondary to hip pain and a cane was used for ambulation. Exam of the hip noted tenderness throughout the hip and groin regions and normal range of motion. Active medications included Prilosec, Tylenol #3, Valium, Tylenol, Glyburide, Lyrica, Fluoxetine, Aspirin, and Metformin. Work status was documented as unchanged and sleep pattern was not noted. Urine toxicology was not noted. A current progress report with a rationale for the requested Rozerem was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rozerem 8 mg Qty 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2 Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Rozerem Prescribing Information.

Decision rationale: The claimant sustained a work injury in may 2008 and continues to be treated for left hip pain. Treatments have included an intra-articular injection. When seen, there was hip and groin tenderness. She was noted to ambulate with a cane. Case notes reference difficulty sleeping. Rozerem is indicated for the treatment of insomnia characterized by difficulty with sleep onset. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Therefore, Rozerem was not medically necessary.