

<b>Case Number:</b>	CM15-0088420		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 46 year old male, who sustained an industrial injury on 6/14/11. The injured worker was diagnosed as having sprain of hip and thigh, thoracic or lumbosacral neuritis or radiculitis and post laminectomy syndrome of lumbar region. Treatment to date has included lumbar epidural and transforaminal injections, laminectomy and microdiscectomy on 9/11/11, oral medications including opioids, activity restrictions and physical therapy. A post-operative (MRI) magnetic resonance imaging was performed on 4/2014, which revealed mild disc bulge without obvious herniation at L3-4, L4-5 mm right side lateral sub ligamentous disc protrusion, hemilaminectomy and microdiscectomy with decompression at L5-S1 is noted and some potential impingement upon the descending S1 nerve root. Currently, the injured worker complains of slight worsening of low back pain with radiation to left leg. The injured worker noted night terrors and confusion with Ambien for sleep, which has been discontinued, and he started Rozerem and is doing well with it; he also had difficulty with Hydrocodone which caused agitation and insomnia and it was discontinued, he is now using Hydromorphone and doing well with it as his pain control has improved. Physical exam of cervical spine noted few residual positive tender points at bilateral levator scapulae, iliocostalis and multifidus muscles; tenderness is noted at the paraspinous muscles of lumbar spine with limited range of motion. The treatment plan included prescriptions for Naprosyn, Rozerem, Cymbalta and Hydromorphone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 2 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

**Decision rationale:** Per MTUS, Dilaudid is the brand name version of Hydromorphone, which is a pure agonist/short acting opioid and "they are often used for intermittent or breakthrough pain." ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state 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. Additionally, medical documents indicate that the patient has been on an opioid in excess of the recommended 2-week limit. As such, the request for Dilaudid 2 mg Qty 60 is not medically necessary.

**Rozeram 8 mg Qty 15: 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 chapter - 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, Insomnia treatment.

**Decision rationale:** ODG states "Recommend that treatment be based on the etiology, with the medications recommended below. See also Insomnia. For more detail on Insomnia treatment, see the Mental Chapter. 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.

Melatonin-receptor agonist: 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. (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." Guidelines recommend this medication for short term use (7-10 days), the requested number of medication is in excess of this recommendation. Additionally, medical records do not indicate what components of insomnia have been addressed, treated with conservative measures, and the results of those conservative treatments. As such, the request for Rozerem 8 mg Qty 15 is not medically necessary.