

<b>Case Number:</b>	CM14-0117205		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 49-year-old individual was reportedly injured on 1/13/2014. The mechanism of injury was noted as a twisting injury. The most recent progress note, dated 8/25/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated the patient to have an antalgic gait without assistance. Lumbar spine had positive tenderness to palpation at the lumbosacral junction, with decreased range of motion. There was also decreased sensation to light touch along the left lower extremity compared to contralateral side. Muscle strength was 5/5. Reflexes were 1+ equal at the knee and ankle. Diagnostic imaging studies included an MRI of the lumbar spine, dated 2/27/2014, which revealed L4-L5 annular tear with disc protrusion, L5-S1 disc extrusion, facet spurring the context exiting L4 nerve root, and disc protrusion into the right L2-L3 foraminal causing mild foraminal stenosis. Previous treatment included medications, acupuncture, and conservative treatment. A request had been made for Rozerem 8mg #30 and was not certified in the pre-authorization process on 6/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Rozerem 8mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chapter Pain, Web Edition CA MTUS: 2010 Revision, Web Edition

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC: ODG Treatment Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress (updated 06/12/2014.)

**Decision rationale:** Rozerem is a new class of sleep agents that has been approved for long-term use. This medication can be used for insomnia, particularly delayed sleep onset. This medication is not recommended for long term use but recommended for short term use. (See Insomnia treatment.) It is recommended limiting use of hypnotics to three weeks maximum in the first two months of injury only and discourages use in the chronic phase. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. In this study, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death. Even when prescribed less than 18 pills/year. Therefore, this request for this medication is deemed not medically necessary.