

Case Number:	CM14-0145250		
Date Assigned:	09/12/2014	Date of Injury:	11/04/1996
Decision Date:	10/14/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/08/2014

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 Family Medicine, and is licensed to practice in California. 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:

This is a 52-year-old male with a 11/4/96 date of injury. The mechanism of injury occurred when the patient fell from 40 foot scaffolding and injured his right knee. According to a progress report dated 8/21/14, the patient complained of increased right knee pain rated a 3 with medications and a 6 without medications. He stated that his quality of sleep was fair and his activity level has increased. Objective findings: restricted lumbar spine range of motion, restricted right knee range of motion, tenderness to palpation noted over lateral joint line, medial joint line, and patella, light touch sensation normal. Diagnostic impression: knee pain, pain in joint lower leg, low back pain. Treatment to date: medication management, activity modification. A UR decision dated 9/8/14 modified the request for Rozerem from 30 tablets to 20 tablets for weaning purposes. The ODG classifies this medication as a sedative hypnotic and recommends against the long-term use. Noting the chronicity of injury, the requested medication is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rozerem 8 mg # 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Rozerem)

Decision rationale: CA MTUS and ODG do not address this issue. According to the FDA, Rozerem (ramelteon) is a melatonin receptor agonist and is indicated for the treatment of insomnia characterized by difficulty with sleep onset. Rozerem is only indicated for short-term treatment of insomnia. Insomnia that lasts after 7 to 10 days of treatment may be a sign of another medical problem that should be evaluated. In the reports reviewed, there is no documentation of how long the patient has been taking Rozerem, however, long-term use is not supported. In addition, there is no documentation that the patient has insomnia or is suffering from a sleep disorder. In fact, in the 8/21/14 note, the patient stated that his quality of sleep was fair. Furthermore, there is no documentation that the provider has addressed non-pharmacologic methods for sleep issues, such as proper sleep hygiene. Therefore, the request for Rozerem 8mg #30 was not medically necessary.