

Case Number:	CM14-0146323		
Date Assigned:	10/10/2014	Date of Injury:	04/26/2010
Decision Date:	11/10/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/09/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 61 year old female with an injury date of 04/26/10. Per the 08/15/14 report by [REDACTED], the patient presents with chronic lower back pain and lower extremity pain. The patient's gait is antalgic and she ambulates with a single point cane. Examination reveals no significant deficiencies. The patient's diagnoses include: Lumbar disc displacement without myelopathy; Stenosis spinal lumbar; Disorders sacrum; Sciatica. Current medications are listed as Soma, Opana, Venlafaxine, DSS Sogitel, Aspirin, Bisoprolol Fumarate, Bupropion, Furosemide, Glizide, Lisinopril, Metformin, Nitro-dru, Simvastatin, Lipitor, Gabapentin and Norco. The utilization review being challenged is dated 09/03/14. Reports were provided from 12/20/13 to 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rozerem 8mg #30: Overturned

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, 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) Mental Illness and Stress chapter, Insomnia Topic

Decision rationale: The patient presents with chronic lower back pain and lower extremity pain. The treating physician requests for Rozerem (Ramelteon) 8 mg #30. ODG Mental Illness and Stress chapter, Insomnia Topic, states the following, "(3) 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." On 08/15/14 the treating physician states the patient has a history of sleep disturbance (falling asleep) and states Rozerem is being started for insomnia to determine if it is beneficial. In this case, the treating physician discusses the use of the medication, insomnia is documented in this patient, and ODG states the medication is indicated for the patient's condition. Recommendation is that the request is medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 63-66.

Decision rationale: The patient presents with chronic lower back pain and lower extremity pain. The treating physician requests for: Soma 350 mg #30. The reports provided show this medication has been used by the insured since at least 01/17/14. MTUS page 29 states that this medication is not indicated for long term use. MTUS pages 63-66 state that this formulation is recommended for no longer than 2-3 weeks. The reports provided state the use of this medication is for muscle spasms and on 04/11/14 the treating physician states this medication helps with pain and function and the patient tolerates her medications well without side effects. In this case, the use of this medication is far outside the 2-3 weeks recommended by MTUS. Therefore, recommendation is that the request is not medically necessary.