

Case Number:	CM14-0099510		
Date Assigned:	07/28/2014	Date of Injury:	03/25/2000
Decision Date:	10/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/27/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 54-year-old female who reported an injury on 03/25/2000. The mechanism of injury was not provided. On 06/04/2014, the injured worker presented with low back pain that radiates to the right buttock. Upon examination, there were 2+ deep tendon reflexes, intact sensation, 5/5 motor strength, and a negative straight leg raise. There was pain to palpation along the lumbar paraspinal muscles. The diagnosis was lumbar radiculopathy. Current medications included Norco, Thermacare, Valium, Baclofen, Gabapentin, Anaprox, and Xanax. The provider recommended Rozerem. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rozerem 8mg #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) 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: The Official Disability Guidelines recommend insomnia treatment to be based on the etiology with the medications recommended. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbances. There is lack of documentation on the injured worker's signs and symptoms or diagnosis of insomnia. The injured worker is currently also prescribed Xanax and Valium which are hypnotic sedative agents and concurrent use of multiple hypnotic sedative agents are not recommended or supported by the guidelines. As such, medical necessity has not been established.