

Case Number:	CM15-0003945		
Date Assigned:	01/15/2015	Date of Injury:	07/15/2010
Decision Date:	03/11/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/08/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial injury on 07/15/2010. She has reported subsequent back, neck, knee, foot and ankle pain. The diagnoses have included cervicalgia, displacement of cervical intervertebral disc, lumbago and cervical radiculopathy. Treatment to date has included oral pain medication, physical therapy, acupuncture, trigger point injections and steroid injections. Currently the injured worker complains of continued lower back pain. Physician documentation noted that pain medications were helping to reduce pain and helping her to perform activities of daily living but that she often had to take additional pain medication for relief. The injured worker requested additional Oxycodone but the physician did not approve this request. Objective physical examination findings were notable for tenderness to palpation of lumbar paraspinal muscles. The physician noted that Rozerem was being requested for insomnia and that the injured worker had previously been on this medication with good results. On 12/11/2014, Utilization Review modified a request for Rozeram from 8 mg daily x 6 months to 8 mg daily x 1 month noting that although the short-term use of Rozeram may be indicated, it was not recommended for long term use. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Rozerem 8 mg daily x 6 months prescribed on 12/3/2014: 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), Mental Illness and Stress Chapter, Sedative Hypnotics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation mental/stress- sedative hypnotics

Decision rationale: The request for Rozerem is not medically necessary. MTUS guidelines do not address the use of sleep aids. Rozerem is a sleep aid. As per ODG, sedative hypnotics are approved for short-term treatment of insomnia, with recommended maximum use of three weeks. It can be habit-forming and may impair function and memory. It may also increase pain and depression over the long-term. There is no documentation that patient has failed a trial of proper sleep hygiene. Rozerem has worked previously for the patient, but a six-month supply would exceed recommended guidelines. The risk of long-term use of Rozerem currently outweighs benefit and is considered not medically necessary.