

Case Number:	CM15-0112840		
Date Assigned:	06/19/2015	Date of Injury:	10/04/2013
Decision Date:	07/20/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/11/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 was a 40 year old male, who sustained an industrial injury, April 11, 2011. The injured worker previously received the following treatments (CESI) cervical steroid injection at C4-C5 in August 2014 with 90% decrease of neck pain and radicular symptoms in the upper extremities, CESI on October 29, 2014 at C6-C7, on March 18, 2015 CESI at C5-C6 on March 18, 2015, random toxicology laboratory studies only Tramadol was detected on October 28, 2014 and February 2, 2015 nothing was detected, Voltaren gel, physical therapy for the cervical spine, lumbar spine MRI, Fexmid, Naproxen and Tramadol. The injured worker was diagnosed with cervicalgia, neck pain, cervical radiculitis, cervical disc disease, other syndromes affecting the cervical region, myalgia and myositis, brachial neuritis or radiculitis and headaches. According to progress note of April 2, 2015, the injured worker's chief complaint was neck pain with headaches and radiating pain to the upper extremities. The injured worker described the pain as constant. The pain was throbbing, sharp and shooting. The injured worker started the quality of pain was tender and radiates to the left shoulder. The worse pain was 7 out of 10 without medications and the least pain was 5 out of 10 with medications. The pain was exacerbated by increased activity and movement. The pain was better with exercising and stretching. The injured worker's headaches were improved since the cervical epidural steroid injection. The injured worker described the pain as intermittent and rated the pain with daily function at 6 out of 10. The physical exam of the cervical spine noted tenderness with palpation over the C3-C7 region on both sides. The range of motion was limited in all direction secondary to increased pain, tightness, stiffness, tenderness and trigger points were noted in the cervical

spine musculatures. There was minimal to mild tenderness over the spinous processes and interspaces at C3-C7. The hand grip strength was 4 out of 5 on the left and 5 out of 5 on the right. The sensation was decreased on the left medial and lateral forearm and normal on the right. The treatment plan included a prescription for Rozerem for sleep.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laustsen, G. and M. Andersen (2006) "Ramelteon (rozerem) a novel approach for insomnia treatment." Nurse Pract 31 (4): 52-55.

Decision rationale: Rozerem is a melatonin receptor agonist that could be used in sleep disturbance. In this case, the patient does not have a history of insomnia. There is no characterization of the patient's sleep disturbance or the therapeutic strategies previously used. Therefore, the request for Rozerem 8m #30 is not medically necessary.