

Case Number:	CM15-0123062		
Date Assigned:	07/07/2015	Date of Injury:	06/06/1989
Decision Date:	07/31/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old female, who sustained an industrial injury on 6/06/1989. She reported slipped and fell onto the left buttock with immediate pain and numbness to low back. Diagnoses include low back pain, lumbar disc herniation with stenosis, cervical sprain/strain with spondylosis and cervicogenic headaches, right shoulder sprain/strain, and neuropathic burning pain in right leg. Treatments to date include anti-inflammatory, Norco, Soma, physical therapy, acupuncture treatments, and epidural steroid injections noted to provide temporary relief of pain. Currently, she complained of ongoing back pain with increased symptoms radiating to the right leg down to the foot. Pain was rated 9/10 VAS on that date, with 4/10 VAS at best and 10/10 VAS at worst. Medication was noted to provide 50% pain reduction and 50% improvement in function activity. On 6/1/15, the physical examination documented palpable muscle spasm in lumbar region with decreased range of motion. There was 4/5 weakness noted in the right lower extremities. The plan of care included Rozerem 8mg tablets, one tablet prior to bed for insomnia secondary to pain, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rozerem 8mg quantity 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, Melatonin-receptor agonist.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Rozerem Prescribing Information.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1989 and continues to be treated for radiating back pain. When seen, medications were providing 50% pain relief and improved function. There was decreased lumbar spine range of motion with an antalgic gait. There were muscle spasms. There was decreased right lower extremity strength and sensation and an absent right ankle reflex. Medications were refilled including Rozerem being prescribed for insomnia attributed to pain. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant has difficulty sleeping due to pain. Further treatment directed towards her night time pain would be expected. Rozerem is not medically necessary.