

<b>Case Number:</b>	CM14-0142588		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/26/2007
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 55-year-old female with a 9/26/07 date of injury. At the time (8/8/14) of request for authorization for 30 Rozerem 8mg and 1 BUN/Creatinine and hepatic function panel, there is documentation of subjective (poor quality of sleep) and objective (not specified) findings, current diagnoses (Cervical Radiculopathy, Cervical Disc Disorder, and Lumbar Radiculopathy), and treatment to date (medications (including ongoing treatment with Carisoprodol, Temazepam, Effexor, Oxycodone, and trial Rozerem)). Medical report identifies a request for blood work for liver and kidney function to rule out potential end organ damage. Regarding Rozerem, there is no documentation of difficulty of sleep onset.

### 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),

**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:** MTUS does not address this issue. ODG identifies documentation of difficulty with sleep onset, as criteria necessary to support the medical necessity of Rozerem. Within the medical information available for review, there is documentation of diagnoses of Cervical Radiculopathy, Cervical Disc Disorder, and Lumbar Radiculopathy. In addition, there is documentation of ongoing treatment with trial Rozerem. However, despite documentation of poor quality of sleep, there is no documentation of difficulty with sleep onset. Therefore, based on guidelines and a review of the evidence, the request for Rozerem 8mg #30 is not medically necessary and appropriate.

**BUN (Blood Urea Nitrogen)/Creatinine and hepatic function panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medical Necessity of Laboratory Tests ([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm))

**Decision rationale:** MTUS and ODG do not address the issue. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of Cervical Radiculopathy, Cervical Disc Disorder, and Lumbar Radiculopathy. In addition, given documentation of request for blood work for liver and kidney function to rule out potential end organ damage, there is documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for BUN/Creatinine and hepatic function panel is medically necessary.