

Case Number:	CM14-0009936		
Date Assigned:	02/21/2014	Date of Injury:	08/28/2003
Decision Date:	07/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/24/2014

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 Physical Medicine & Rehabilitation 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:

The patient is a 34-year-old female who has filed a claim for lumbar sprain/strain associated with an industrial injury date of August 28, 2003. Review of progress notes indicates low back pain, muscle spasms, and burning and tingling down both legs. The patient reports not being able to function without medications, and that all medications provide 50% functional improvement. Findings include tenderness over the lumbar region with muscle rigidity suggestive of spasms, and decreased range of motion. Electrodiagnostic study of the lower extremities dated April 19, 2013 was unremarkable. The treatment to date has included opioids, muscle relaxants, gym exercise and home exercise program, heat patches, Flector patches, lidocaine patches, Rozerem, and transcutaneous electrical nerve stimulation (TENS). A utilization review from January 13, 2014 denied the requests for Robaxin and Rozerem 8mg as the patient should have been completely weaned from these medications already.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that tricyclics are considered first-line agents for neuropathic pain, especially when accompanied by insomnia, anxiety, or depression. It is a possible option for non-neuropathic pain in depressed patients. In this case, the patient has been on this medication since at least March 2013. The patient notes 50% functional improvement with use of medications. Specifically, the neuropathic burning in the lower extremities are stable with this medication. Continuing this medication is reasonable as it is able to control the patient's neuropathic symptoms. Previous utilization review determination, dated January 13, 2014, has already certified this request for a 3-month supply. Therefore, the request for Pamelor 10mg is not medically necessary.

Robaxin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Methocarbamol appears to have central nervous system depressant effects with related sedative properties. In this case, the patient has been on this medication since at least March 2013. Although the recent progress notes indicate presence of muscle spasms, the patient's condition has not improved with use of this medication. Long-term therapy with this medication is not recommended by the MTUS guidelines. The requested quantity and dosage is not specified, and progress note from February 2014 indicates that the patient has been started on another muscle relaxant, Baclofen. Therefore, the request for Robaxin is not medically necessary.

Rozerem 8mg: 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 Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress chapter, Insomnia treatment.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, ramelteon is a selective melatonin agonist indicated for difficulty with sleep onset. There

is evidence to support the short-term and long-term use of ramelteon to decrease sleep latency, but total sleep time was not improved. In this case, the patient has been on this medication since at least March 2013. The patient notes that this medication is able to help with the impaired sleep pattern due to back pain. However, there is no description of patient's sleep issues in the submitted documentation. Also, the requested quantity is not specified. Additional information is necessary at this time. Therefore, the request for Rozerem 8mg is not medically necessary.