MAXIMUS Federal Services

Case Number:	CM14-0019841		
Date Assigned:	04/28/2014	Date of Injury:	02/16/2011
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational Medicine 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 [redacted] employee who has filed a claim for right knee meniscal tear associated with an industrial injury date of February 16, 2011. Thus far, the patient has been treated with muscle relaxants, opioids, NSAIDs, aquatic therapy, hyalgan injections, and surgery. Patient had right knee arthroscopic surgeries dated March 13, 2011, March 11, 2012, and July 09, 2013 with post-operative physical therapy. Current treatments include Hydrocodone/APAP, Cyclobenzaprine, diclofenac sodium ER, Pantoprazole, Dyotin SR, TheraFlex cream, Keratek gel, Midazolam/melatonin, and aquatic physical therapy. Review of progress notes indicates right knee pain. Findings include swelling, stiffness, and anterior tenderness with limited range of motion. MR arthrogram of the right knee dated May 01, 2013 showed small air of the lateral meniscus and changes consistent with prior medial meniscectomy. Utilization review dated January 31, 2014 indicates that the claims administrator denied the requests for Dyotin 250-10mg (Gabapentin) as patient does not have neuropathic pain; TheraFlex transdermal cream and Keratek gel as guidelines do not indicate efficacy of these medications; and modified certification for Midazolam/melatonin 10-3mg #30 to #15 as benzodiazepines are not recommended for long-term use; and thus weaning was initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MIDAZOLAM / MELATONIN 10-3MG, #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), Mental Illness & Stress Chapter, Insomnia Treatment Section.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The Official Disability Guidelines (ODG) states that melatonin is used as a treatment for insomnia. Patient has been on this medication since January 2014. However, there is no documentation that this patient has sleep difficulties. Also, this medication is not recommended for long-term use. Therefore, the request for midazolam / melatonin 10-3mg, #30 is not medically necessary.