

<b>Case Number:</b>	CM14-0171119		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	10/16/2001
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Family Medicine and is licensed to practice in Florida. 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 62-year-old male with a date of injury of 10/16/2001. The mechanism of injury is not discussed. Most recent diagnoses are as follows: Cervical radiculopathy, cervical facet arthropathy, lumbar facet arthropathy, chronic pain syndrome, sleep disorder, anxiety, and depression. The last progress note is hand written and somewhat difficult to read, but the most recent physical exam states "multiple trigger points positive, positive paravertebral muscle spasms, bilateral sacroiliac joint tenderness, and lumbar facet tenderness." No urine drug screen results are available. Two prior utilization review physicians have deemed the requested medications as noncertified. Likewise, an independent medical review has been requested regarding the medical necessity of the following medications: Rozerem, Zanaflex, Klonopin, and Oxycontin.

### 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 - Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG.) Rozerem.

**Decision rationale:** The California MTUS guidelines are silent regarding sleep aid medications, specifically Rozerem. Likewise, the ODG was consulted for guidance. "Rozerem is a melatonin receptor agonist indicated for difficulty with sleep onset. The recommended length of use is short term, usually 7-10 days. Studies demonstrated that Rozerem was shown to decrease sleep latency, but total sleep time had not been improved with either short or long term use." Likewise, the requested medication Rozerem 8mg, dispense #30 tablets is not considered medically necessary.

**Klonopin 0.5mg #39:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 58; 100.

**Decision rationale:** In accordance with the California MTUS 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 guidelines go on to state that, "chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Likewise, this request for Klonopin 0.5 mg tablets dispense #39 tablets is not medically necessary.

**Zanaflex 4mg #90:** 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 Antispasticity/Antispasmodic Drugs Page(s): 97; 100.

**Decision rationale:** In accordance with the California MTUS guidelines, Zanaflex (Tizanidine) is "unlabeled use for low back pain." It is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity. Zanaflex is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Zanaflex 4 mg tablets, dispense #90 is not medically necessary.

**Oxycontin 60mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing; Opioids, long-term assessment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin  
Page(s): 131, 126, 108-109.

**Decision rationale:** In accordance with the California MTUS guidelines, "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The guidelines go on to state, "and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." This patient's requested medication Oxycontin 60mg, which is being taken twice daily, adds up to 180 morphine equivalents, surpassing the 120 mg daily limit. This does not even include the additional morphine equivalents he is consuming with his Norco tablets. No compelling reasons for an exception are present in the provided documentation. Likewise, this request for Oxycontin 60mg tablets, dispense #30 tablets is not medically necessary.