

<b>Case Number:</b>	CM14-0054143		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 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 injured worker is a 36-year-old male injured on 08/23/13 due to an undisclosed mechanism of injury. Current diagnoses include musculoligamentous sprain lumbar spine with lower extremity radiculitis, disc bulge at L1-L4, disc protrusion at L4-S1, musculoligamentous sprain of the thoracic spine, disc bulge T3-T10. The clinical note dated 05/23/14 indicated the injured worker presented complaining of back pain rated at 8/10 increasing with the cooler weather. The injured worker reported acupuncture therapy helped to reduce pain. The injured worker reported associated numbness and pain to the left leg with prolonged standing. Objective findings included tenderness over L5 centrally. No additional examination findings provided. Treatment plan included prescription for hydrocodone/Acetaminophen 5/350mg #30 every day as needed, acupuncture, massage therapy 1 x per week for 6 sessions and magnetic resonance image of the thoracic and lumbar spine. The initial request for midazolam 10mg and Melatonin 30mg #30 1 capsule every night as needed was initially not granted on 04/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Midazolam10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Benzodiazepines Page(s): 24.

**Decision rationale:** As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use due to lack of proven efficacy with prolonged use and the risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. There is no discussion regarding the use of this medication in the documentation as required by current guidelines. Additionally, the request does not provide frequency, amount, and number of refills to be provided. Therefore, the request for Midazolam 10mg is not medically necessary.

**Melatonin 3mg #30, one capsule HS PRN:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

**Decision rationale:** As noted in the Official Disability Guidelines, the use of melatonin is recommended. There is experimental and clinical data supporting an analgesic role of melatonin. In published studies melatonin shows potent analgesic effects in a dose-dependent manner, and melatonin has been shown to have analgesic benefits in patients with chronic pain. In addition, the repeated administration of melatonin improves sleep and thereby may reduce anxiety, which leads to lower levels of pain. Therefore, the request for Melatonin 3mg #30, one capsule every night as needed is as medically necessary.