MAXIMUS Federal Services

Case Number:	CM15-0203688		
Date Assigned:	10/20/2015	Date of Injury:	10/01/1965
Decision Date:	12/24/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	10/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 71 year old male, who sustained an industrial injury on 10-1-1965. The injured worker is undergoing treatment for chronic neck pain and migraine. Medical records dated 8-6-2015 indicate the injured worker complains of constant neck pain and daily headaches with varying degree of severity. He reports daily exercise. Physical exam dated 8-6-2015 notes no apparent distress and "moderate back spasm." Treatment to date has included physical therapy, epidural injection, Advil, diazepam, Dymista, Imitrex oral and sublingual, Rozerem and trazodone. The treating physician letter dated 8-6-2015 indicates "his current medical regimen has been working." The original utilization review dated 9-12-2015 indicates the request for 1 year coverage for each, Rozerem 8mg, trazodone 100mg, Imitrex 6mg, Imitrex 100mg and BD TB 1cc syringes is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year coverage 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 (Chronic): Insomnia treatment.

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), Insomnia treatment.

Decision rationale: Ramelteon is a sleep aid acting as a melatonin receptor agonist with both high affinity for melatonin MT1 and MT2 receptors. There are no published studies that have indicated whether ramelteon, in humans, is more or less safe or effective than the hormone melatonin which it mimics; melatonin is much less expensive and is widely available over-the-counter. The Official Disability Guidelines recommend non-pharmacologic treatment before medications are prescribed. Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. Treatments that are thought to probably be efficacious include sleep restriction, biofeedback, and multifaceted cognitive behavioral therapy. Suggestions for improved sleep hygiene: (a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. In terms of first-line therapy, for acute insomnia lasting less than 6 months, medication is probably the best treatment approach, but for chronic insomnia, a combined approach with CBT might give the best of both worlds; however, after a few weeks, the recommendation is to discontinue the medication and continue with CBT. The previous UR reviewer modified the request. 1 year coverage Rozerem 8mg is not medically necessary.

1 year coverage trazodone 100mg: 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), Antidepressants for chronic pain.

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), Antidepressants for chronic pain.

Decision rationale: Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. The Official Disability Guidelines recommend numerous antidepressants in a number of classes for treating depression and chronic pain. Trazodone is not contained within the current recommendations by the ODG. The previous UR reviewer modified the request. 1 year coverage trazodone 100mg is not medically necessary.

1 year coverage Imitrex 6mg: 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), Head (trauma, headaches, etc., not included stress & mental disorders): Triptans.

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

Decision rationale: The Official Disability Guidelines recommend triptans for migraine sufferers. At marketed doses, triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. Although triptans are recommended in the Official Disability Guidelines, the ODG does not recommend that they be prescribed for one year without medical follow- up. The previous UR reviewer modified the request. 1 year coverage Imitrex 6mg is not medically necessary.

1 year coverage Imitrex 100mg: 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), Head (trauma, headaches, etc., not included stress & mental disorders): Triptans.

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

Decision rationale: The Official Disability Guidelines recommend triptans for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. Although triptans are recommended in the Official Disability Guidelines, the ODG does not recommend that they be prescribed for one year without medical follow-up. The previous UR reviewer modified the request. 1 year coverage Imitrex 100mg is not medically necessary.

1 year coverage BD TB 1cc syringes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CID Internal Guideline #1: Medical Good and Services for which No Acceptable Scientific Evidence exist.

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

Decision rationale: The Official Disability Guidelines recommend triptans for migraine sufferers. At marketed doses, triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. Although triptans are recommended in the Official Disability Guidelines, the ODG does not recommend that they be prescribed for one year without medical follow- up.

The previous UR reviewer modified the request. 1 year coverage Imitrex 6mg is not medically necessary; consequently, 1 year coverage BD TB 1cc syringes to inject Imitrex is not medically necessary.