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| Case Number: | CM15-0221714 | | |
| Date Assigned: | 11/17/2015 | Date of Injury: | 11/01/2013 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 10/16/2015 |
| Priority: | Standard | Application Received: | 11/11/2015 |

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: Washington, 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 28 year old male who sustained an industrial injury on 11-1-2013. A review of medical records indicated the injured worker is being treated for cervical sprain, cervical strain, cervical muscle spasm, depression with anxiety and PTSD that occurred in an event in which he suffered a traumatic brain injury, neck, shoulder and knee injuries. Treatment has included TENS unit, Botox injections, trigger point injections, massage therapy, chiropractic therapy, psychology evaluation and psychotherapy (weekly), exercise (yoga and pilates), and medications (Norco, Xanax [from at least 8-24-2015]) and medical marijuana (for anxiety). Medical records dated 10-15-2015 noted continued cervical pain. Symptoms were bilateral and rated as severe, 9 out of 10. Physical examination noted subluxation, swelling, and tenderness was found in bilateral C1-7 cervical region. Utilization review form dated 10-16-2015 modified Alprazolam 2mg #60 and noncertified Melatonin 5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 2mg # 60 (1 Tab Po Bid 30 Day Supply): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Models and Definitions, Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress / PTSD pharmacotherapy and Other Medical Treatment Guidelines 1) American Psychiatric Association. Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition, originally published in October 2010.2) American Psychiatric Association. Practice Guideline for the Treatment of Patients With Acute Stress Disorder and Posttraumatic Stress Disorder. Originally published in November 2004.

Decision rationale: Xanax (alprazolam) is a benzodiazepine and indicated for short-term use as a sedative-hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Long-term efficacy is unproven. The MTUS does not recommend its use for long-term therapy. However, if used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. The American Psychiatric Association (APA) Practice Guideline also notes little evidence to support long-term use of benzodiazepines for general anxiety disorder but notes benzodiazepines may be useful in reducing anxiety and improving sleep in patients with PTSD. However, chronic use of these medications include the possibility of dependence, increased incidence of PTSD after early treatment, or worsening of PTSD symptoms after withdrawal of these medications. Because of this, the APA guidelines and the Official Disability Guidelines (ODG) do not recommend benzodiazepines as monotherapy in PTSD. This patient has anxiety secondary to PTSD. The medical records document the effectiveness of using Xanax to lessen the symptoms. The patient is also on Topiramate as a primary therapy for PTSD. Use of Xanax in this situation is in accordance with the above noted guidelines. Medical necessity has been established.

Melatonin 5mg 1 tab PO 3hr Q HS 30 day Supply: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 / Melatonin and Other Medical Treatment Guidelines Schutte-Rodin S, et al. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. J Clin Sleep Med 2008;4(5):487-504.

Decision rationale: Melatonin is an animal hormone that anticipates the daily onset of darkness and thus is involved in the synchronization of the circadian rhythms for physiological functions including sleep timing, blood pressure regulation, and seasonal reproduction. This substance can be used as a sleep aid in humans and to treat some sleep disorders. Melatonin is sold over-the-counter in the U.S. and Canada. In other countries it may require a prescription or it may be unavailable. The MTUS does not comment on its use but the Official Disability Guidelines recommends its use in treating post-Traumatic Brain Injury (TBI) sleep disorders and for treating delayed sleep phase syndrome and rapid eye movement sleep behavior disorders associated with chronic pain. The ODG does not recommend melatonin use for treating secondary sleep disorders accompanying sleep restriction, such as jet lag and shift work disorder. Consensus opinion by sleep specialist note that melatonin is not recommended in the treatment of chronic insomnia due to the relative lack of efficacy and safety data. This patient is suffering from post-TBI sleep disorder and thus, as per the ODG, use of melatonin should be considered an option in therapy. Medical necessity has been established.