

Case Number:	CM15-0047482		
Date Assigned:	03/18/2015	Date of Injury:	03/15/1999
Decision Date:	05/04/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/12/2015

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: Internal 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 50 year old female who sustained a work related injury on March 15, 1999. She was diagnosed with myalgia and myositis, shoulder sprain, arm sprain and knee pain. Treatment included the use of a stationary bike and medications. Currently, the injured worker complained of continued total body pain, chronic fatigue and difficulty sleeping. The treatment plan that was requested for authorization included prescriptions for Ativan, Sonata and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #180 dispensed on 1/8/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Adults who use hypnotics, including benzodiazepines, have a greater than 3-fold increased risk for early death. Benzodiazepines are not recommended as first-line medications by ODG. Medical records document the long-term use of the benzodiazepines. MTUS guidelines do not support the long-term use of benzodiazepines. ODG guidelines do not recommend the long-term use of benzodiazepines. Therefore, the request for the benzodiazepine is not supported. Therefore, the request for Ativan 0.5 mg #180 is not medically necessary.

Sonata 10mg #90 dispensed on 1/8/15: 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 (updated 02/10/15) Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Information Sonata (Zaleplon) <http://www.drugs.com/pro/zaleplon.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Sonata (Zaleplon). FDA guidelines document that Sonata (Zaleplon) is indicated for the short-term treatment of insomnia. Medical records document the long-term use of Sonata (Zaleplon). FDA guidelines do not support the long-term use of Sonata (Zaleplon). Therefore, the request for Sonata (Zaleplon) is not supported. Therefore, the request for Sonata (Zaleplon) is not medically necessary.

Fexmid 10mg #180 dispensed on 1/8/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Pages 41-42. Muscle relaxants Pages 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Cyclobenzaprine <http://www.drugs.com/pro/flexeril.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd

Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. Medical records document the long-term use of the muscle relaxant Cyclobenzaprine (Fexmid). MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine for chronic conditions. Medical records indicate the long-term use of muscle relaxants, which is not supported by MTUS and FDA guidelines. The use of Fexmid (Cyclobenzaprine) is not supported by MTUS or ACOEM guidelines. Therefore, the request for Fexmid (Cyclobenzaprine) is not medically necessary.