MAXIMUS Federal Services

Case Number:	CM15-0059994		
Date Assigned:	04/06/2015	Date of Injury:	02/04/2003
Decision Date:	05/06/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, New York, 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 applicant is a represented 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 4, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; epidural steroid injection therapy; unspecified amounts of physical therapy; earlier lumbar spine surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review report dated March 15, 2015, the claims administrator failed to approve a request for Rozerem and Robaxin. The claims administrator referenced a RFA form received on March 6, 2015 and an associated progress note of February 26, 2015 in its determination. The applicant's attorney subsequently appealed. On February 23, 2015, the applicant received a lumbar epidural steroid injection. In a handwritten progress note dated February 26, 2015, difficult to follow, not entirely legible, the applicant was seemingly given refills of and/or asked to continue Norco, Robaxin, Klonopin, Neurontin, and Rozerem. Urine drug testing was endorsed. Little-no-narrative commentary accompanied the handwritten note. On December 16, 2014, the applicant reported ongoing complaints of low back pain radiating to the left leg. Epidural steroid injection therapy, Neurontin, Klonopin, and baclofen were endorsed. The applicant was given a Toradol injection. There was no mention of Rozerem on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rozerem 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic)Insomnia treatment(3) Melatonin- receptor agonist: Ramelteon (Rozerem ½) is a selective melatonin agonist (MT1 and MT2) indicated for difficulty with sleep onset; is nonscheduled (has been shown to have no abuse potential).

Decision rationale: No, the request for Rozerem, a sleep aid, was not medically necessary, medically appropriate, or indicated here. While ODG's Chronic Pain Chapter Insomnia Treatment topic acknowledges that Rozerem, melatonin receptor agonist, is non-scheduled, has no abuse potential, is indicated for applicant's with difficult with sleep onset, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the handwritten February 26, 2015 progress note contained no references to issues with insomnia, difficulty with sleep initiation, etc. A December 16, 2014 progress note likewise contained no mention of issues with insomnia, either primary or pain-induced. Earlier, historical progress notes of December 2, 2014, October 7, 2014, and November 4, 2014 likewise contained no mention or references to any form of insomnia. Introduction and/or ongoing usage of Rozerem was not, thus, indicated given the absence of documentation as to what condition or conditions it was being employed for. Therefore, the request was not medically necessary.

Robaxin 750mg #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 Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Similarly, the request for Robaxin, muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Robaxin are recommendation with caution as second line option for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the 90-tablet supply of Robaxin at issue represents chronic, long-term, and thrice daily usage of the same. Such usage, however, is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.