

Case Number:	CM15-0111434		
Date Assigned:	06/17/2015	Date of Injury:	05/30/2003
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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 49 year old female, who sustained an industrial injury on 5/30/03. The injured worker was diagnosed as having thoracic/lumbosacral neuritis/radiculitis, bursitis and tendinosis of the shoulder region, and chondromalacia of the patella. Treatment to date has included transcranial magnetic stimulation, a left shoulder injection, and medication. The injured worker had been taking Rozerem since at least 8/26/14. A report dated 2/5/15 noted the injured worker was weaned off Valium; on 5/7/15 the injured worker had resumed taking Valium. Poor sleep and anxiety was noted on 12/2/14. Currently, the injured worker complains of pain over the lateral aspect of the left shoulder. The treating physician requested authorization for Rozerem 8mg #30 and Valium 5mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rozerem 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mediline Plus, Official Disability Guidelines (ODG) Pain Chapter.

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 Chapter/Sedative Hypnotics Section.

Decision rationale: The MTUS guidelines do not address the use of sedative hypnotics. The ODG does not recommend Rozerem for long-term use, but it is recommended for short-term use. See Insomnia treatment. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The injured worker has taken Rozerem for an extended period. The use of Rocerem long term is not recommended, therefore, the request for Rozerem 8mg #30 is not medically necessary.

Valium 5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness & Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section Muscle Relaxants (For Pain) Section Weaning of Medications Section Page(s): 24, 63-66, 124.

Decision rationale: The MTUS Guidelines recommend the use of non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Benzodiazepines are not recommended for spasticity due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm. The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks. The injured worker had taken Valium long term and then was weaned off of the medication recently. He is now requesting the medication again due to trouble sleeping. There was no objective improvement or return to work with the previous use of valium, therefore, the request for Valium 5mg #120 is not medically necessary.

