

Case Number:	CM13-0033316		
Date Assigned:	12/06/2013	Date of Injury:	10/10/2011
Decision Date:	02/20/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 physician 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/services.

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 patient is a 44 year old male who reported an injury on 10/10/2011. The mechanism of injury was not provided for review. The patient developed chronic left knee pain rated at a 10/10 that was recalcitrant to surgical intervention, physical therapy, bracing, and medications. The patient developed insomnia related to chronic pain. The patient's insomnia was previously treated with Ambien. A medication change to Doxepin and Restone was made on 08/08/2013. The patient's diagnoses included left knee strain and insomnia. The patient's treatment plan included continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription Restone: 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 Chapter, Medical Food.

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

Decision rationale: The retrospective prescription for Restone is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the

patient has insomnia related to chronic pain. The requested medication is considered a medical food containing melatonin and tryptophan. The Official Disability Guidelines state that medical food is, "a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." The Official Disability Guidelines do recommend the use of melatonin in the management of a patient's insomnia related chronic pain. However, the clinical documentation submitted for review did not provide an adequate assessment of the patient's sleep hygiene to support the need for medication management. Additionally, Official Disability Guidelines only recommend the use of melatonin for short courses of treatment. The clinical documentation submitted for review does not clearly identify planned course of treatment with this medication. Therefore, the use of this medication is not supported. As such, the retrospective request for Restone is not medically necessary or appropriate.