

Case Number:	CM13-0066071		
Date Assigned:	01/03/2014	Date of Injury:	03/29/2011
Decision Date:	08/20/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44-year-old male who reported an injury on 05/01/2010. The mechanism of injury was reported as moving freight on the docks. The diagnoses included bilateral shoulder impingement syndrome, lumbar spine sprain/strain, and right knee strain. Prior therapies included surgery and medications. Per the 12/12/2013 re-evaluation, the injured worker reported low back pain radiating into the lower extremities. It was noted he had discontinued the use of Lunesta and was just taking melatonin 3 mg at bedtime. He reported he continued to awake as a result of back or shoulder pain. Objective findings included decreased range of motion of the lumbar spine limited by pain. Current medications included Percocet 10/325 mg and Melatonin 3 mg. The provider recommended he continue Melatonin for sleep. The request for authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

MELATONIN 3 MG # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDICINENET.COM.

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

Decision rationale: The request for Melatonin 3 mg #30 is not medically necessary and appropriate. The Official Disability Guidelines state pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The specific component of insomnia should be addressed including sleep onset, sleep maintenance, sleep quality, and next day functioning. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects, and increase next day functioning. In published studies, Melatonin shows potent analgesic effects in a dose-dependent matter, and Melatonin has been shown to have analgesic benefits in patients with chronic pain. The medical records provided indicate a prescription for Melatonin since 10/15/2013. The injured worker reported he continued to awake at night. There is a lack of documentation indicating melatonin improved the injured worker's sleep onset, sleep maintenance, sleep quality, or next day functioning. Based on this information, continued use is not supported. As such, the request for Melatonin 3 mg #30 is not medically necessary.