

Case Number:	CM14-0000294		
Date Assigned:	01/10/2014	Date of Injury:	11/05/2011
Decision Date:	06/19/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation 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 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 51-year-old male who reported an injury of an unknown mechanism on 11/05/2011. In the clinical note dated 10/21/2013, the injured worker complained of ongoing headaches as well as constant, severe, dull, achy and sharp neck pain that was aggravated by lifting 10 pounds and looking up and down with a pain level of a 6/10. The injured worker complained of lumbar spine pain rated 7/10. The injured worker also complained of intermittent moderate, dull, achy and sharp left shoulder pain that was associated with overhead reaching and loss of sleep due to pain. On the physical examination of the cervical spine, it was noted that the injured worker had decreased range of motion, tenderness to palpation of the cervical paravertebral muscles and muscle spasms of the cervical paravertebral muscles. Cervical compression caused pain, and shoulder depression caused pain bilaterally. The physical examination of the lumbar spine revealed decreased range of motion with extension at 20 out of 25 degrees, flexion at 50 out of 60 degrees, left lateral bending at 25 out of 25 degrees and right lateral bending at 25 out of 25 degrees. The physical examination of the left shoulder revealed decreased range of motion as well as tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder; the supraspinatus press was noted as positive. The diagnoses included headache, cervical disc protrusion, cervical muscle spasm, cervical radiculopathy, cervical sprain/strain, lumbar disc protrusion, lumbar radiculopathy, lumbar sprain/strain, left shoulder impingement syndrome, left shoulder sprain/strain status post surgery of the left shoulder, disruptions of 24 hour sleep-wake cycle, sleep disturbance, depression, irritability, nervousness, elevated blood pressure and hypertension. The treatment plan included a referral to the injured worker's medical doctor for medication, a referral for an echocardiogram and EKG due to essential hypertension and awaiting scheduling of an authorized L4-5 posterior spinal fusion and decompression surgery. A prescribed medication list was

provided in the clinical documentation, which included medications of tramadol, sumatriptan, diclofenac, naproxen, Prilosec, Neurontin, Sintralyne and verapamil.

IMR ISSUES, DECISIONS AND RATIONALES

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

SINTRALYNE-PM ONE CAPSULE/DAY AT BED TIME #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The request for Sintralyne-PM #30 is non-certified. Sintralyne PM is comprised of melatonin, gamma-aminobutyric acid (GABA), and herbal complex. The Official Disability Guidelines (ODG) state that gamma-aminobutyric acid (GABA) is a supplement indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for the treatment of insomnia. Adverse reactions associated with treatment include hypertension, increased heart rate and anxiety. It is noted that Sintralyne has a component of gamma-aminobutyric acid (GABA), which is used as a supplement for epilepsy, spasticity and tardive dyskinesia, and that there is no high quality peer-reviewed literature that suggests that GABA is indicated for the treatment of insomnia. The guidelines state that adverse reactions associated with treatment include hypertension, increased heart rate and anxiety. The guidelines note melatonin is recommended. There are also experimental and clinical data supporting an analgesic role of melatonin. In published studies melatonin shows potent analgesic effects in a dose-dependent manner, and melatonin has been shown to have analgesic benefits in patients with chronic pain. Also, the repeated administration of melatonin improves sleep and thereby may reduce anxiety, which leads to lower levels of pain. The severity of the injured workers sleep disturbance was unclear. It was unclear why the injured worker would require Sintralyne as the injured worker does not appear to have a diagnosis which would indicate their need for the medication. As such, the request for Sintralyne PM #30 is not medically necessary or appropriate.