

Case Number:	CM14-0113167		
Date Assigned:	08/01/2014	Date of Injury:	02/03/2003
Decision Date:	09/09/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/16/2014

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. 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 49-year-old male who reported an injury on 02/03/2003. The mechanism of injury was not provided for clinical review. The diagnoses included cervical strain, forearm tendinitis. Previous treatments included medication and TENS unit. Within the clinical note dated 07/03/2014, it was reported the injured worker complained of sharp and dull neck pain. He rated the pain 6/10 to 7/10. He complained of sharp and dull bilateral shoulder pain, which he rated 5/10 to 6/10 in severity. The injured worker complained of sharp and dull bilateral forearm, which he rated 5/10 to 6/10 in severity. Upon the physical examination, the provider noted deep tendon reflexes were 2+ and sensation was intact. The injured worker had pain to palpation along the bilateral dorsal forearms and shoulders. The provider requested melatonin for sleep disturbances and Norflex. The Request for Authorization was submitted and dated 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Melatonin 3mg tablets: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The Official Disability Guidelines note that melatonin is recommended for the treatment of insomnia. The Guidelines recommend short term use of 2 to 6 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and the dosage of the medication. Additionally, the injured worker has been utilizing the medication since at least 12/2013, which exceeds the guidelines recommendation. As such, the request is not medically necessary and appropriate.

Norflex 100mg tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The MTUS Chronic Pain Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The MTUS Chronic Pain Guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 12/2013, which exceeds the guidelines recommendation of short term use. Additionally, the request submitted failed to provide the frequency and quantity of the medication. As such, the request is not medically necessary and appropriate.