

Case Number:	CM14-0175594		
Date Assigned:	10/28/2014	Date of Injury:	07/06/2010
Decision Date:	12/05/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/23/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, elbow, and wrist pain reportedly associated with an industrial injury of July 6, 2010. The applicant has been treated with the following: Analgesic medications; topical agents; muscle relaxants; sleep aids; and transfer of care to and from various providers in various specialties. The claims administrator stated that it was denying melatonin despite a favorable Official Disability Guidelines (ODG) recommendation on the same on the grounds that the attending provider had failed to document the presence of insomnia. The claims administrator also denied topical Voltaren gel, incorrectly stating that this represented a topical compounded drug. The applicant's attorney subsequently appealed, in a letter dated October 20, 2014. However, the applicant's attorney did not enclose any clinical progress notes along with its appeal letter. In an October 29, 2014 appeal letter, the treating provider noted that ongoing usage of topical Voltaren, tizanidine, and melatonin had proven effectual in ameliorating the applicant's chronic pain symptoms. It was stated that the applicant did have multifocal pain complaints and an associated sleep disorder. The attending provider stated that the applicant's ability to perform activities of daily living had been ameliorated but did not elaborate or expound upon the nature of the same. The applicant's work status was not furnished. The remainder of the file was surveyed. The September 30, 2014 and August 20, 2014 progress notes made available to the claims administrator were not incorporated in the Independent Medical Review packet. The October 1, 2014 RFA form on which the articles at issue were sought was likewise not incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% day supply: 12, QTY:200, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac section Page(s): 112.

Decision rationale: While page 112 of the Chronic Pain Medical Treatment Guidelines does acknowledge that topical Voltaren is indicated in the treatment of tendinitis and/or arthritis of small joints which lend themselves toward topical application, such as the hands, fingers, wrists, knees, elbows, etc., in this case, however, it was not clearly stated for what purpose, what diagnosis, and/or what body part Voltaren gel was being employed. No clinical progress notes were attached to the application for Independent Medical Review. The applicant's response to previous usage of Voltaren gel was not detailed. The applicant's work and functional status were likewise not furnished. Therefore, the request is not medically necessary.

Tizanidine tab 4mg day supply: 30, QTY: 60, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex section Functional Restoration Approach to Chronic Pain Management section.

Decision rationale: While page 66 of the Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine is FDA approved in the management of spasticity but can be employed off-label for low back pain, as is present here, this recommendation, however, is qualified by commentary made on page 7 of the Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant's work status, functional status, and/or response to ongoing usage of Tizanidine were not furnished. No clinical progress notes were incorporated into the Independent Medical Review packet. The information which is on file failed to support or substantiate the request. Therefore, the request is not medically necessary.

Melatonin tab 3mg, day supply: 30, QTY: 30, with no refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Melatonin, Insomnia treatments

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7. Decision

based on Non-MTUS Citation A Review of Ramelteon in the Treatment of Sleep Disorders, February 2008 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2515902> Neuropsychiatr Dis Treat. Feb 2008; 4(1): 69-79 Published online Feb 2008

Decision rationale: While the California Medical Treatment Utilization Schedule (MTUS) does not specifically address the topic of melatonin usage, page 7 of the Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider should be knowledgeable regarding prescribing information so as to adjust the dosing to the specific applicant. Page 7 of the Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has posited that ongoing usage of melatonin has proven effectual in attenuating/ameliorating the applicant's complaints and allegations of sleep disturbance. Continuing the same, on balance, is therefore indicated, particularly in light of the fact that the Food and Drug Administration (FDA) notes that melatonin (ramelteon) has been approved by the FDA for the treatment of insomnia characterized by difficulty with sleep onset. In the article entitled A Review of Ramelteon in the Treatment of Sleep Disorders, the author(s) concludes that ramelteon or melatonin is the only approved sleep-promoting medication which does not have a direct sedating effect, has no abuse potential, and has no FDA limitation on how long the medication can be prescribed. Given the favorable FDA position on usage of melatonin for sleep disorders, coupled with the attending provider's statement to the effect that ongoing usage of melatonin has proven effectual in ameliorating the applicant's sleep complaints, does make a compelling case for continuation of the same. Therefore, the request is medically necessary.