MAXIMUS Federal Services

Case Number:	CM14-0182059		
Date Assigned:	11/06/2014	Date of Injury:	11/12/2005
Decision Date:	12/12/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/03/2014

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 & Rehabilitation, and is licensed to practice in North Carolina. 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:

This injured worker is a 74-year-old male with a reported date of injury 11/12/2005. The mechanism of injury was a fall. His diagnoses included hip pain, back pain, depression, and hypertension. His past treatments included medications, surgery, and physical therapy. On 10/16/2014, the patient presented with complaints of hip pain and lower back pain. Upon physical examination, he showed no tenderness of the spine, no muscle spasm, or tenderness on the SI joints. The straight leg raise test was negative bilaterally; strength, sensory and reflexes were normal; and range of motion was normal. The clinical documentation provided noted the injured worker's pain was well managed on the tramadol, anti-inflammatory medication routinely, and the topical Lidoderm regime. His medications included Ultracet 325/37.5mg one tablet at bedtime as needed, Lidoderm patch 5% film 2 patches daily as needed, Advil 200mg one to two pills as needed, citalopram 20 mg tablet once daily, tramadol 50 mg one tablet every 4 hours as needed, aspirin 81mg enteric coated tablet once daily, melatonin 3mg one tablet at bedtime, benazepril 5mg one tablet daily, and Voltaren sodium 75mg enteric coated tablet twice daily. The treatment plan was for him to continue his medications and his physical therapy. The requests are for tramadol 50 mg quantity 360 for pain and melatonin 3 mg quantity 120 for sleep apnea. The Request for Authorization dated 10/16/2014 was included with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg QTY: 360.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER; generic available in immediate relea.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids, Criteria for Use Page(s): 93, 78.

Decision rationale: The request for Tramadol 50mg QTY: 360.00 is not medically necessary. The injured worker complained of low back pain and hip pain. The California MTUS Guidelines recommend tramadol for the treatment of moderate to severe pain. The guidelines recommend the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant the ongoing use of opioid medications. The most recent clinical note failed to document evidence of quantifiable pain relief and objective functional improvement with the patient's use of tramadol. The injured worker has been taking tramadol since at least April 2014. The clinical documentation indicated injured worker is taking all prescribed medications as directed without any apparent side effects. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. There was lack of evidence as to if urine drug screen was performed within the last year. As submitted, the request failed to address the frequency of the medication. Therefore, the request for tramadol 50 mg QTY 360 is not medically necessary.

Melatonin 3mg QTY: 120.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines; Head (updated 06/04/13) (trauma, headaches,etc., not including stress & mental disorders)

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 decision for Melatonin 3mg QTY: 120.00 is not medically necessary. The Official Disability Guidelines recommend melatonin in the treatment of sleep disorder. Melatonin plays an important role in sleep regulation, including insomnia and delayed phase sleep syndrome and use with caution in patients with depression, hepatic impairment, and respiratory conditions such as COPD or sleep apnea. The clinical documentation noted the injured worker had no fatigue. There is no additional documentation of sleep disorder or documentation of the results of a sleep behavior modification attempt. There was no evidence of symptomatic or functional improvement from prior usage was not included in the submitted documentation. The injured worker has been taking Melatonin since at least June 2010. The request as submitted did not include the frequency of the medication. Based on the lack of documentation submitted, the medical necessity for melatonin has not been established. Therefore, the request for melatonin 3 mg #120 is not medically necessary.