

Case Number:	CM14-0031274		
Date Assigned:	04/09/2014	Date of Injury:	09/26/2008
Decision Date:	09/05/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/30/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 34 year old female who was being followed for cervical, lumbar and thoracic sprains with left trochanteric bursitis due to an industrial injury that she sustained on 09/26/08. Her prior treatments included Physical therapy, NSAIDs, Amitriptyline, Omeprazole, Cymbalta, and Trochanteric Bursa Steroid Injection. In September 2013, she was seen by the provider and was noted to have trouble sleeping in addition to her back pain and hip pain. The treatment plan was to continue Ibuprofen, Amitriptyline, Cymbalta and add Lidoderm patch, Medrox cream TID and Miralax. A request was also submitted for acupuncture, Psychology consultation and TENS unit purchase. Again noted was sleep problems during her visit in October 2013 due to pain. She was prescribed Melatonin #30. She was seen in follow-up on November 21, 2013. She reported upper back pain that was sharp, frequent, 8/10 in intensity and left hip dull and sharp pain that was worse with walking. Pertinent examination findings included diminished sensation in entire left leg, negative SLR and pain to palpation in the left gluteus muscles. The diagnoses included lumbar strain, left sacroiliac pain and left hip and leg pain. The plan of care included Theracane to massage upper back, MRI of lumbar spine, acupuncture for back and hip, Omeprazole, Cymbalta, Ibuprofen, Lidoderm patch, Medrox cream and Melatonin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MELATONIN 2.5-5MG, #30 FOR SLEEP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The employee was being treated for back and hip pain after an unknown industrial injury. She was being treated with Cymbalta and Amitriptyline and still had ongoing depression with a PHQ 9 score that was moderately high. The mechanism of injury was not available in the records reviewed. She was prescribed Melatonin. According to Official Disability Guidelines, Melatonin receptor agonists are recommended only for short term use (7-10 days). Given the lack of documentation of ongoing sleep issues during her visit in November, in the setting of prior use of melatonin exceeding the short period recommended by ODG, the request for Melatonin is not medically necessary or appropriate.

THERACANE #1 (SELF MASSAGE DEVICE) TO MASSAGE UPPER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The employee was being treated for back and hip pain after an unknown industrial injury. She was being treated with Cymbalta, home exercise program, Ibuprofen and Amitriptyline and still had ongoing pain in her back and hip. The mechanism of injury was not available in the records reviewed. The request was for Theracane for massage. ACOEM guidelines do not recommend usage of mechanical devices for administering massage. Hence the request for Theracane for massage is not medically necessary or appropriate.