

Case Number:	CM14-0052724		
Date Assigned:	07/07/2014	Date of Injury:	06/03/2009
Decision Date:	08/28/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 is a 50-year-old female with a 6/3/09 date of injury. The mechanism of injury was not noted. According to a 3/12/14 progress note, the patient complained of neck pain that radiated down her left upper extremities. She also complained of low back pain that radiated down the left lower extremity. She rated her pain as 7/10 in intensity with medications and 9/10 in intensity without medications. Objective findings: sinl vertebral tenderness noted in the cervical spine C4-7, ROM of cervical spine moderately was moderately limited due to pain, tenderness noted upon palpatin in the spinal vertebral area L4-S1 levels, ROM of lumbar spine moderately limited secondary to pain. Diagnostic impression: cervical facet arthropathy, cervical radiculopathy, lumbar radiculopathy, myositis/myalgia, left-sided epicondylitis, left cubital tunnel syndrome. Treatment to date: medication management, activity modification, surgery. A UR decision dated 4/11/14 denied the request for Restone. The medical records contain very limited information regarding assessment of the cause of sleep distrubance or the rationale or effectiveness of pharmacologic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restone 3-100mg HS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Restone).

Decision rationale: CA MTUS does not address this issue. Restone is a combination of Melatonin 3 mg and L-Tryptophan 100 mg. The FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. In addition, there is no rationale or indication provided for the treatment with the requested medications. According to a 3/12/14 progress note, it is documented that the patient was diagnosed with severe clinical insomnia. However, there is no discussion provided that the patient has failed non-pharmacologic alternatives, such as proper sleep hygiene, for the patient's sleep disorder. In addition, there is no rationale provided as to why the patient cannot tolerate other guideline-supported sleep medications. Therefore, the request for Restone 3-100mg HS #30 is not medically necessary.