

<b>Case Number:</b>	CM14-0057289		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/02/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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:

Injured worker is a male with date of injury 2/2/2009. Per pain specialist's periodic report dated 4/2/2014, the injured worker presents with back pain . Severity level is moderate to severe. The problem is fluctuating and occurs persistently. The location of pain was lower back, gluteal area and right knee. Pain has radiated to the left ankle and left foot. He describes the pain as an ache, burning, numbness, piercing, sharp, shooting, stabbing and throbbing. Symptoms are aggravated by ascending stairs, bending, changing positions, coughing, daily activities, defecation, descending stairs, extension, flexion, jumping, lifting, lying/rest, pushing, rolling over in bed, running, sitting, sneezing, standing, twisting, walking, cold weather and vibrations. Symptoms are relieved by heat, lying down, injection, pain medications/drugs, and rest. On examination gait is antalgic with a cane. There is tenderness at spinous, paraspinal, lumbar and gluteals. Straight leg raise on right radiates, and on left there is back pain only. Lumbar rotation causes moderate pain. There is moderate restriction with flexion, extension and lateral bending. Left ankle and foot has pain with active range of motion. Right hip strength is decreased. Right knee strength is decreased. Right ankle and foot strength is decreased. Diagnoses include 1) chronic pain due to trauma 2) spondylosis, lumbar without myelopathy 3) muscle spasms 4) radiculopathy thoracic or lumbosacral 5) reflex sympathetic dystrophy lower extremity 6) degenerative disc disease lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Melatonin 5 mg #30 prescribed on 4/2/14: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter, 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, Melatonin section.

**Decision rationale:** The MTUS Guidelines do not address the use of melatonin. The ODG recommends the use of melatonin. Melatonin is supported for insomnia treatment, and there are also experimental and clinical data supporting an analgesic role of melatonin. Melatonin has been shown to have potent analgesic effects in a dose-dependent manner, and melatonin has been shown to have an analgesic benefit in patients with chronic pain. Melatonin also improves sleep and thereby may reduce anxiety, which leads to lower levels of pain. The request for Melatonin 5 mg #30 prescribed on 4/2/2014 is medically necessary.