

Case Number:	CM14-0066691		
Date Assigned:	07/11/2014	Date of Injury:	08/10/2004
Decision Date:	08/21/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/09/2014

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 and Rehabilitation, 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 injured worker is a 54-year-old-male who suffered an industrial injury on 8/10/04. No mechanism of injury was mentioned. The patient complaints of neck pain. The pain radiates down his bilateral upper extremities (right greater than left) and to the left fingers, accompanied by numbness and muscle weakness. He complains of frequent muscle spasms in the bilateral neck area. He complains of insomnia associated with ongoing pain. Pain is rated at 6/10 with medications and 8/10 without medications. On cervical examination, there is spasm noted in the left paraspinous muscles. Spinal vertebral tenderness was noted in the cervical spine C5-7 and at the trapezius muscles bilaterally. Myofascial trigger points are noted in the left trapezius muscle. The range of motion was limited in the cervical spine due to pain. Sensory examination shows decreased sensation in the left upper extremity, with the dermatome C5-7. Motor exam shows decreased strenght on the left in the extensor muscles. MRI of the cervical and lumbar spine showed multilevel degenerative changes. Dianoses are lumbar radiculopathy, headaches, insomnia, chronic pain, status post right carpal tunnel release, and status post bilateral ulnar nerve deocompression. Restone has been previously prescribed to this patient for persistent/severe insomnia associated with chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restone 3-100mg #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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Restone (melatonin/l-tryptophan) is a supplement to help sleep problems, jet lag, and anxiety or depression. The California MTUS guidelines do not address the issue in dispute, so the Official Disability Guidelines (ODG) have been consulted. Per the ODG, proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Complementary or alternative treatments are not recommended for chronic pain, as the long term efficacy and safety have not been established. In this case, there is no documentation of sleep hygiene or number of hours of sleep. There is no documentation of a detailed assessment of sleep problem in this injured worker. Hence, the request is considered not medically necessary.