MAXIMUS Federal Services

Case Number:	CM14-0202464		
Date Assigned:	12/15/2014	Date of Injury:	12/18/2013
Decision Date:	03/12/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31 year old male was a sales associate when he sustained an injury on December 16, 2013. The mechanism of injury was not included in the provided medical records. Past Treatment included medication, medical marijuana, activity modification, bike riding, and meditation and a home exercise program. On October 17, 2014, the injured worker reported moderate neck and left hip pain, and blood in his stool. In addition, he reported 4-5 episodes of left chest and left arm pain with shortness of breath and diaphoresis in the past month. The injured worker's quality of sleep was poor. The physical exam revealed the chest was clear bilaterally, tenderness to palpation of the left chest wall, and normal exams of the upper and lower extremities, and the shoulder. Diagnoses included musculotendinoligamentous sprain of the thoracic and lumbar spines, bulging disc and radiculopathy of the lumbar spine, lumbar facet arthropathy, left trochanteric bursitis, sacroiliac dysfunction, left hip tendinoligamentous injury, adjustment reaction with depression and anxiety secondary to chronic pain and disability, chronic pain and disability with delayed functional recovery, and insomnia. The injured worker's current medications included pain, muscle relaxant, anti-inflammatory, and anti-epileptic medications. The physician recommended a referral to a psychiatrist/psychologist for evaluation and treatment, electrodiagnostic testing, of the bilateral lower extremities and bilateral upper extremities, and chest x-rays. The injured worker's melatonin and a new pain medication were prescribed, and he was instructed to stop the previously prescribed medication. The injured worker was instructed to continue with his current activity modification, home exercise program, bike riding, medical marijuana, and meditation. His current work status was modified work duty,

but his employer could not accommodate the restrictions. On November 5, 2014 Utilization Review non-certified a prescription for Melatonin 3mg #60.The Melatonin was non-certified based on the lack of documentation of a detailed evaluation of anxiety or insomnia, any other trial measures for the treatment of insomnia, a detailed psychiatric evaluation for stress related conditions, and the rationale for the use of Melatonin. The Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Melatonin 3 mg #60: 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) Mental Illness and Stress, Melatonin.

Decision rationale: The request for Melatonin 3 mg #60 is not medically necessary. The Official Disability Guidelines recommend that treatment be based on etiology with medications recommended. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Melatonin is not a first line treatment. It is indicated for difficulty with sleep onset and is nonscheduled, and it has been shown to decrease sleep latency. However, total sleep time has not been improved with the use of the medication. Documentation submitted for review lacked evidence of detailed psychiatric evaluation for stress related conditions or subjective or objective evidence of insomnia. There was no rationale provided for the use of melatonin. It is not a first line treatment and there is no evidence of a trial and failure of first line treatments to improve symptoms. As such, medical necessity has not been established.