

<b>Case Number:</b>	CM15-0104949		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	06/24/2012
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 68 year old male sustained an industrial injury to the low back on 6/24/12. Previous treatment included magnetic resonance imaging, physical therapy, psychological care, home exercise and medications. In a progress note dated 4/28/15, the injured worker complained of persistent and intermittently severe low back pain with radiation to the right lower extremity. The injured worker stated that his pain was essentially the same; however he was experiencing an increase in pain due to lack of medications. The injured worker stated that he had been going to the gym and performing home exercise. The injured worker continued to rely on Trazadone as needed for sleep but reported an increase in difficulty sleeping because Trazadone had been denied. The injured worker also complained of depression. Physical exam was remarkable for normal gait, forward flexed posture, depressed mood and flat affect. Current diagnoses included lumbar intervertebral disc displacement without myelopathy, chronic pain syndrome and lumbar spine degenerative disc disease. The treatment plan included medications (Lidoderm patch, Naproxen Sodium, Melatonin ER and Salonpas patch). Continuing walking and home exercise and scheduling remaining physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Melatonin ER 3mg tablet Qty: 30 tablets Refills: 2: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, insomnia.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The requested medication is indicated per the ODG in the treatment of insomnia. Therefore the request is certified. Therefore, the requested treatment is medically necessary.