

<b>Case Number:</b>	CM15-0130396		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 48 year old female, who sustained an industrial injury on 4/4/11. She reported pain in her neck. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, chronic pain syndrome and brachial neuritis. Treatment to date has included Ambien CR, Flector, Melatonin, Benadryl, Trazodone and Tramadol since at least 3/27/15. As of the PR2 dated 6/11/15, the injured worker reports increased pain and spasms in the left side of the neck. The treating physician requested Melatonin 5mg #60 x 2 refills and Tramadol 50mg #90 x 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Melatonin 5mg #60, 2 refills:** 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.

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

**Decision rationale:** This claimant was injured in 2011 with degeneration of cervical intervertebral disc, chronic pain syndrome and brachial neuritis. Treatment to date has included Ambien CR, Flector, Melatonin, Benadryl, Trazodone and Tramadol since at least 3/27/15. As of June, there is increased pain and spasms in the left side of the neck. The MTUS is silent on this medicine. The ODG notes regarding sleeping medicines, only short term use is advocated due to tolerance and addictive effects long term. The ODG notes: Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In this case, the degree, type and depth of insomnia is not known. It is not clear this is a short term usage. The request is not medically necessary.

**Tramadol 50mg #90, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 13 83 and 113 of 127.

**Decision rationale:** As shared previously, this claimant was injured in 2011 with degeneration of cervical intervertebral disc, chronic pain syndrome and brachial neuritis. Treatment to date has included Ambien CR, Flector, Melatonin, Benadryl, Trazodone and Tramadol since at least 3/27/15. As of June, there is increased pain and spasms in the left side of the neck. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. Long term use is therefore not supported. The request is not medically necessary.