MAXIMUS Federal Services

Case Number:	CM15-0137212		
Date Assigned:	07/27/2015	Date of Injury:	10/03/2014
Decision Date:	09/24/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/15/2015

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: California
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:

The injured worker is a 44 year old male, who sustained an industrial injury on October 3, 2014. He reported right toe pain. The injured worker was diagnosed as having pain in the ankle joint and foot, chronic pain syndrome and sleep disruptions. Treatment to date has included diagnostic studies, acupuncture, medications and work restrictions. Currently, the injured worker complains of continued right toe pain described as throbbing, aching and stabbing. The injured worker reported an industrial injury after a metal blender fell on his toe in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on April 2, 2015, revealed continued pain. He rated his pain using a visual analog scale (VAS) from 1-10 with 10 being the worst at 8. Evaluation on June 3, 3015, revealed continued right toe pain. He rated his pain using VAS at 8. Evaluation on July 1, 2015, revealed continued pain as noted. He rated his pain using a VAS at a 6. His gait was noted as antalgic. He did not use assistive devices to ambulate. He noted the pain was aggravated by climbing stairs, prolonged standing and prolonged walking. He reported continued sleep disruptions. Medications were continued. Melatonin 3mg #30 and Ultracet tablet 37.5/325mg #60 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Melatonin 3mg #30: Overturned

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

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, Pain Chapter/Insomnia treatment.

Decision rationale: According to ODG, Melatonin is recommended for delayed sleep phase syndrome and rapid eye movement sleep behavior disorders. There is also some suggestion that it can have an analgesic effect, but current research is largely in the experimental phases. The injured worker is followed for chronic pain and is reporting sleep disturbance. As noted in ODG with regards to insomnia treatment, there are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & melatonin receptor agonists; & (4) Over-the-counter medications. The request for Melatonin to help address the injured worker's sleep disturbance is supported. The request for Melatonin 3mg #30 is medically necessary and appropriate.

Ultracet tablet 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS guidelines, the long-term use of opioids is not supported due to the development of habituation and tolerance. In addition, per the MTUS guidelines, in order to support continued opioid use, there should be improvement in pain and function. In this case, the injured worker continues to complain of significant pain levels on visual analog scale and the medical records do not establish evidence of objective functional improvement to support the continued use of Ultracet. The request for Ultracet tablet 37.5/325mg #60 is not medically necessary and appropriate.