

Case Number:	CM15-0145547		
Date Assigned:	08/06/2015	Date of Injury:	11/21/2006
Decision Date:	09/10/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/27/2015

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, New York, 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 applicant is a represented 54-year-old who has filed a claim for chronic neck, hand, and arm pain reportedly associated with an industrial injury of November 21, 2006. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve requests for melatonin and Mobic. The claims administrator referenced a July 15, 2015 RFA form and an associated progress note of July 14, 2015 in its determination. The applicant's attorney subsequently appealed. On said July 14, 2015 progress note, the applicant reported ongoing complaints of myofascial pain, diffuse bodily pain, chronic pain syndrome, bilateral carpal tunnel syndrome, and mood disturbance, it was reported. The applicant had various comorbidities including anxiety, depression, diabetes, hypertension, and neuropathic pain complaints, it was reported. The applicant was on Ambien, Flexeril, Valium, Lexapro, medroxyprogesterone, melatonin, Mobic, Norvasc, and Vicodin, it was reported. Multiple medications, including melatonin and Mobic were renewed. The applicant's work status was not explicitly stated, although the treating provider suggested that the applicant was not working by referring to the applicant's having a Medicare set-aside account. The attending provider then stated toward the bottom of the note that the applicant had never tried melatonin and that the request for melatonin in fact represented a first-time request for the same. Mobic, conversely, was framed as a renewal request. Little seeming discussion of medication efficacy transpired. Significant pain complaints were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Melatonin 1 mg: Overturned

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: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment, (3) Melatonin-receptor agonist.

Decision rationale: Yes, the request for melatonin was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendation so as to ensure proper usage and so as to manage expectations. Here, the attending provider's July 14, 2015 progress note suggested that melatonin was being introduced for the first time on that date, for issues with sleep disturbance. ODG's Mental Illness and Stress Chapter Insomnia Treatment topic notes that melatonin receptor agonists are non-scheduled and have been shown to have no abuse potential, with evidence to support both the short-term and long-term usage of melatonin receptor agonists to decrease sleep latency. The request was, as noted previously, framed as a first-time request for the same. Introduction of melatonin was indicated, given the applicant's various issues with sleep disturbance. Therefore, the request was medically necessary.

60 tablets of Mobic 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Conversely, the request for Mobic, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. Unlike the request for melatonin, the request for Mobic was framed as a renewal or extension request for the same, it was suggested on the July 14, 2015 progress note at issue. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Mobic do represent the traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, the applicant was not working, it was suggested (though not clearly stated) on July 14, 2015. Ongoing usage of Mobic failed to curtail the applicant's dependence on opioid agents such as Vicodin. The attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of ongoing Mobic usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.