

<b>Case Number:</b>	CM15-0165955		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	12/24/2009
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 is a 58-year-old male who sustained an industrial injury on 12/24/2009 due to a motor vehicle accident. Diagnoses include pain disorder secondary to general medical condition impacted by psychosocial factors; post-traumatic stress disorder; and chronic obstructive pulmonary disease. Treatment to date has included medication, knee surgery, shoulder surgery, adjustment and supportive counseling, case management assistance with organization and life skills, acupuncture and physical therapy. He has also had biofeedback therapy. According to the progress notes dated 5-18-2015, the IW (injured worker) reported ongoing pain in multiple areas, including the neck, mid-thoracic area, lumbar spine, bilateral knees and left leg. Pain in the cervical spine was 3 out of 10; pain in the thoracic spine was 5 out of 10; and pain in the lumbar spine was 4 out of 10. On examination, he had slight gait deviation with guarding. The posterior spine was tender in the C5 to C7, T8 to T10 and L3 to L5 areas without trigger points or spasms. There was guarding with range of motion. A request was made for whey protein powder, 30-day supply, #1020; Sertraline 50mg, #30 with 3 refills; and Melatonin 3mg, #60 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Whey protein powder 30 day supply Qty: 1020:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/21553504>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical foods.

**Decision rationale:** The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The requested medication is for weight loss. The criteria per the ODG have not been met and therefore the request is not medically necessary.

**Sertraline tab 50mg for 30 day supply Qty: 30 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

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

**Decision rationale:** The ACOEM, ODG and California MTUS do not specifically address the requested medication. The physician desk reference states the requested medication is indicated in the treatment of depression and anxiety. The patient has the documented symptoms of adjustment disorder. Therefore, the request is medically necessary.

**Melatonin 3mg 30 day supply Qty: 60 with 3 refills:** 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) Pain (updated 07/15/2015)n Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 patient does have insomnia and melatonin is a recommended treatment option, thus the request is medically necessary.

