

Case Number:	CM15-0186734		
Date Assigned:	09/28/2015	Date of Injury:	06/26/2013
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year old male who sustained an industrial injury on June 26, 2013. Therapy visit dated August 18, 2015 reported chief complaint of: chronic pain syndrome, medial epicondylitis, lumbar radiculopathy, and wrist scapula back. There is noted subjective complaint of: "sore after last session." He currently doesn't not perform chores at home of lift heavy objects. The following diagnoses were applied to this visit: medial epicondylitis; lumbar radiculopathy, and chronic pain syndrome. A clinical encounter dated January 13, 2015 reported subjective complaint of: "feels depressed, sleep difficulty, joint stiffness of the right elbow and wrist joint." Current medications consisted of: Ibuprofen, Lidoderm, omeprazole, and Vicodin. Primary follow up dated August 11, 2015 reported current medications consisting of: Gabapentin, Ibuprofen, Lidoderm, Medrol, Melatonin, Nabumetone, Omeprazole, and Vicodin. There is subjective complaint of "no new symptoms, pain is worse now that he is working more." On August 18, 2015 a request was made for Melatonin 3mg #30 which was non-certified by Utilization Review on August 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Melatonin 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Melatonin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in October 2012. He is being treated for chronic back pain with bilateral lower extremity numbness and tingling and medial epicondylitis. When seen, he had recently returned to work at a lighter duty position. He was having ongoing lower extremity symptoms. He was completing physical therapy treatments. He had stopped taking gabapentin as it had been ineffective. Physical examination findings were that of a forward flexed posture and he was noted to change positions frequently. Recommendations included completing physical therapy with continued exercise as tolerated. There was consideration of use of a low back brace while working. Epidural injections were reviewed and declined by the claimant. Medications included melatonin which had been prescribed on 08/13/15. Melatonin is recommended as an option in treating sleep disorders. However the treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the presence of a sleep disorder is not being documented. IF the claimant is having trouble sleeping and pain, depression, anxiety, or another medical condition such as obstructive sleep apnea was causing the claimant's sleep disturbance, then treatment for that condition could be considered. Prescribing melatonin is not medically necessary.