

Case Number:	CM15-0210954		
Date Assigned:	10/29/2015	Date of Injury:	10/12/2012
Decision Date:	12/10/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old male with a date of injury on 10-12-12. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome for right elbow pain and lower back. Progress report dated 9-1-15 reports follow up of chronic pain syndrome, medial epicondylitis, lumbar radiculopathy, wrist, scapula and elbow. He has continued complaints of pain and still having trouble sleeping, he gets 4-6 hours per night. He has trouble lifting plates and bowls at work and is still on modified duty. Physical exam: gait within normal limits, wearing lumbar support, lumbar range of motion is decreased, motor strength is decreased in all areas. Treatments include: medication, physical therapy, TENS, home exercise program, psychology sessions and back brace. According to the medical records on 12-12-14 the injured worker reported difficulty with sleep and that he takes omeprazole, no sleep medication noted. Request for authorization dated 9-22-15 was made for Melatonin 3 mg 1 tab by mouth as needed at bedtime quantity 30, refills 2 and Omeprazole 20 mg 1 cap by mouth quantity 30 refills 2. Utilization review dated 9-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Melatonin 3mg 1 tab by mouth as needed at bedtime #30, refills 2: 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), Pain, Melatonin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Sleep Aids, pages 218-219; Mental & Stress, Insomnia Treatment, pages 535-536.

Decision rationale: Regarding sleep aids, ODG states that preliminary evidence demonstrates the value of Melatonin in treating sleep disorder post-TBI; however, there are documented diagnoses of such. Submitted reports have not demonstrated any evidence-based studies or medical report to indicate necessity of the above treatment. There is no confirmed diagnosis of sleep disorder. In order to provide a specific treatment method, the requesting physician must provide clear objective documentation for medical indication, functional improvement goals expected or derived specifically relating to the patient's condition as a result of the treatment(s) provided. Documentation of functional improvement may be a clinically significant improvement in activities of daily living, a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Absent the above described documentation, there is no indication that the specific treatment method is effective or medically necessary for this patient with request for Melatonin with 2 refills. The Melatonin 3mg 1 tab by mouth as needed at bedtime #30, refills 2 is not medically necessary and appropriate.

Omeprazole 20mg 1 cap by mouth #30 refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hyper-secretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hyper-gastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant this medication. The Omeprazole 20mg 1 cap by mouth #30 refills 2 is not medically necessary and appropriate.