

<b>Case Number:</b>	CM15-0082538		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	04/12/2011
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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:

The injured worker (IW) is a 63 year old male who sustained an industrial injury on 04/12/2011. He reported Pain in the left ankle. The injured worker was diagnosed as having left ankle osteochondritis dissecans defect 9mm,lateral talar dome; bilateral plantar fasciitis, right ankle pain, left ankle surgery in 2011 and right knee arthroscopy. Treatment to date has included bracing, assistive device, and pain medications. Currently, the injured worker complains of pain in both feet over the plantar surface and in the right ankle. The treatment plan includes requests for :Melatonin 2mg #60 with 2 refills; Acetaminophen 1000mg #60 with 2 refills; Podiatry consultation; and Pain management follow-up x1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Melatonin 2mg #60 with 2 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 has insomnia and this is a recommended treatment choice. Therefore the request is medically necessary.