

<b>Case Number:</b>	CM14-0135876		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	01/30/2005
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53-year-old with date of injury of January 30, 2005. The listed diagnoses per [REDACTED] from June 10, 2014 are cervical spondylosis, C5 C6, status post total disk replacement, C5-C6, from May 5, 2009, and removal of retained anterior cervical plate (C6-C7), exploration of fusion, repair of pseudo arthrosis (C6-C7) with right anterior iliac graft, anterior spinal decompression and anterior cervical plate with right iliac aspiration and bone graft from March 19, 2013. According to this report, the patient complains of constant pain in her cervical spine, which is slight to moderate in degree and aggravated by activities. Additionally, he has difficulty swallowing. He reports a metallic taste in his mouth, which is present at all times. The objective findings show normal sagittal balance of the cervical spine. There is no abnormal lordosis, kyphosis, or scoliosis. Tenderness was noted in the incision near the cervical spine. Midline tenderness at approximately C6 is also noted with moderate paraspinal muscle guarding and slight to moderate trapezius spasms with tenderness. There is no localized sensory deficits of the upper extremity. The utilization review denied the request on July 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restone 3/100 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Melatonin

**Decision rationale:** This patient presents with cervical pain. The treater is requesting Restone 3/100 mg #60. Restone contains Tryptophan and Melatonin. The MTUS and ACOEM guidelines do not address this request; however, ODG guidelines, on melatonin, states, "Recommended. There is also experimental and clinical data supporting an analgesic role of melatonin. In published studies, melatonin show potent analgesic effects in a dose-dependent manner, and melatonin has been shown to have analgesic benefits in patients with chronic pain. Also, the repeated administration of melatonin improves sleep and thereby may reduce anxiety, which leads to lower levels of pain." The records show that the patient was prescribed Restone on March 21, 2014 for sleep. MTUS page 60 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The 43 pages of records do not document sleep or pain improvement with use of this medication. Therefore, the request for Restone 3/100 mg, sixty count, is not medically necessary or appropriate.