

<b>Case Number:</b>	CM14-0186306		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	03/04/2010
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2014

### 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 & Rehabilitation, 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:

This 63 year-old patient sustained an injury to the wrists and upper extremity on 3/4/10 from lifting a 15-20 pound box while employed by the [REDACTED]. Request(s) under consideration include Melatonin 3mg QTY: 30. Diagnoses include forearm joint pain; wrist sprain; CTS; shoulder joint pain/ upper arm injury; cervicalgia; psychic factors. Report of 10/8/14 from the provider noted the patient with radiating pain to the right shoulder with interference with sleep from pain and right arm numbness. Depression has remained stable. Exam noted unchanged findings of mental status appearing anxious and agitated with guarded right arm movements. The request(s) for Melatonin 3mg QTY: 30 were non-certified on 10/16/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Melatonin 3mg QTY: 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), Head

**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

**Decision rationale:** This 63 year-old patient sustained an injury to the wrists and upper extremity on 3/4/10 from lifting a 15-20 pound box while employed by the DMV. Request(s) under consideration include Melatonin 3mg QTY: 30. Diagnoses include forearm joint pain; wrist sprain; CTS; shoulder joint pain/ upper arm injury; cervicgia; psychic factors. Report of 10/8/14 from the provider noted the patient with radiating pain to the right shoulder with interference with sleep from pain and right arm numbness. Depression has remained stable. Exam noted unchanged findings of mental status appearing anxious and agitated with guarded right arm movements. The request(s) for Melatonin 3mg QTY: 30 were non-certified on 10/16/14. 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 with injury resulting from lifting a 15-20 pound box. Submitted reports have not demonstrated any evidence-based studies or medical report to indicate necessity of the above treatment. There is no report 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. The Melatonin 3mg QTY: 30 are not medically necessary and appropriate.