

Case Number:	CM15-0117176		
Date Assigned:	06/25/2015	Date of Injury:	06/04/2010
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 60-year-old who has filed a claim for chronic neck, shoulder, arm, and elbow pain reportedly associated with cumulative trauma at work first claimed on June 4, 2010. In a Utilization Review report dated June 4, 2015, the claims administrator partially approved a request for melatonin for insomnia as a two-week trial of the same. The claims administrator referenced an RFA form of March 18, 2015 in its determination. The applicant's attorney subsequently appealed. On May 26, 2015, a medical-legal evaluator noted that the applicant was off of work and had not worked in any role since April 2013. The applicant had received Workers' Compensation indemnity benefits and, subsequently, State Disability Insurance (SDI) benefits, it was reported. The applicant was on Voltaren gel, Lidoderm patches, Tylenol, Naprosyn, Toprol, dietary supplements, vitamins, and antacids, the medical-legal evaluator incidentally noted. The medical-legal evaluator noted that the applicant had issues with fibromyalgia. Permanent work restrictions were imposed. On May 22, 2015, the applicant was discharged from a functional restoration program. It was stated that the applicant had ongoing issues with chronic pain, depression, anxiety, insomnia, and headaches. The applicant was apparently using melatonin, seemingly on the grounds that Lunesta and trazodone had proven ineffectual. The applicant was apparently using Voltaren gel and Tylenol, it was reported, for analgesic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Melatonin 2.5mg one po qhs may repeat x 30 for insomnia: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation; 1. ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress, Melatonin 2. Insomnia treatment.

Decision rationale: Yes, the request for melatonin, an insomnia aid, is medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 notes that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. ODG's Mental Illness and Stress Chapter notes that melatonin is recommended as an option in the treatment of insomnia. ODG's Mental Illness and Stress Chapter Insomnia Treatment topic notes that melatonin receptor agonists are non-scheduled and had been shown to have no abuse potential. Here, thus, introduction of melatonin was indicated to ameliorate the applicant's longstanding issues with insomnia given its low risk and given the failure of numerous other agents, including Desyrel, Lunesta, etc. Therefore, the request is medically necessary.