

<b>Case Number:</b>	CM15-0122514		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	07/24/2014
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: New York

Certification(s)/Specialty: Emergency 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 injured worker is a 70 year old female who sustained an industrial injury on July 24, 2014. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included lumbar spinal stenosis, lumbar radiculopathy, lumbar degenerative disc disease, psychic factors associated with diseases classified elsewhere, pain in joint shoulder region, pain in joint pelvic region and thigh, cervical degenerative disc disease, cervicgia, lumbago, limb pain, chronic pain syndrome, anxiety and insomnia. Treatment and evaluation to date has included medications, radiological studies, MRI, injections, physical therapy and psychology sessions. The injured worker was noted to be working modified duty. Current documentation dated June 15, 2015 notes that the injured worker reported poor concentration, fatigue and bone ache from the hip to posterior leg to the thigh. The injured worker also noted increased muscle cramping in the right calf at night times two months. Examination of the lumbar spine revealed tenderness over the sacroiliac joints on the right side and a painful and restricted range of motion with extension and right side bending. Straight leg raise testing while seated were negative. Motor strength examination of the right lower extremity revealed right hip extensors, abductors and adductor's to be a 4/5. The injured worker was noted to have had an epidural steroid injection 2 months prior, which was 50% effective for the pain. But the pain had returned to baseline. The treating physician's plan of care included a request for Melatonin 1 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Melatonin 1mg #60:** 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), Melatonin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, Melatonin.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) do not address Melatonin. The Official Disability Guidelines (ODG) recommends Melatonin for "delayed sleep phase syndrome and rapid eye movement sleep behavior disorders. Melatonin appears to reduce sleep onset latency to a greater extent in people with delayed sleep phase syndrome than in people with insomnia. Delayed sleep phase syndrome is characterized by late sleep onset and wake up time. Melatonin is also used for treatment of rapid eye movement sleep behavior disorder. This is characterized with motor activity during sleep, acting out of dreams and polysomnography showing increased muscle tone. The literature reporting treatment of chronic insomnia disorder with melatonin remains inconclusive." In this case, the injured worker was noted to have insomnia since December of 2014. However, there is lack of specific documentation regarding the injured workers hours of sleep, pattern of sleep or daytime sleepiness. There are no sleep studies included for review. The request for Melatonin 1 mg # 60 is not medically necessary.