

Case Number:	CM15-0127147		
Date Assigned:	07/13/2015	Date of Injury:	07/01/2006
Decision Date:	08/13/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 58 year old male, who sustained an industrial injury on 7/1/06. He has reported initial complaints of left hip, left leg and low back injuries. The diagnoses have included lumbago, lumbar degenerative disc disease (DDD), scaroliitis, and chronic pain, spasm of muscle, dysesthesia, lumbar facet joint pain and hip joint pain. Treatment to date has included medications, activity modifications, rest, diagnostics, lumbar epidural steroid injection (ESI), heat/ice, gentle stretching, and home exercise program (HEP). Currently, as per the physician progress note dated 4/24/15, the injured worker complains of low back and bilateral leg pain rated 6-7/10 with medications and 8/10 without medications. He reports that the medications allow him to keep the pain manageable and allow him to complete the necessary activities of daily living (ADL). The physical exam reveals that the gait is slow and antalgic with left sided limp. He uses a cane for ambulation. The lumbar exam reveals tenderness and tightness on palpation, restricted lumbar range of motion with severe radiculopathy, positive straight leg raise bilaterally and pressure pain in the left leg with tightness. There is also dysesthesia from low back to bilateral legs to his toes. The current medications included Oxycodone, Tramadol, Lunesta, Lyrica and Nexium. There is no previous urine drug screen reports noted. The physician requested treatments included Melatonin 5mg quantity 30 and Lunesta 3mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Melatonin 5mg quantity 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, Pain, Melatonin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Medication, Melatonin, Insomnia treatment.

Decision rationale: Regarding the request for melatonin, California MTUS guidelines do not contain criteria for the use of melatonin. ODG states that melatonin is recommended. They go on to state of the pharmacological agent should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: A) sleep onset; B) sleep maintenance; C) sleep quality; D) next day functioning. Within the documentation available for review, there is no indication that the patient has had a careful evaluation of potential causes of the sleep disturbance. In the absence of such documentation, the currently requested melatonin is not medically necessary.

Lunesta 3mg quantity 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, Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Lunesta treatment. Finally, there is no indication that Lunesta is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta is not medically necessary.

