MAXIMUS Federal Services

Case Number:	CM15-0170676		
Date Assigned:	09/11/2015	Date of Injury:	12/02/2005
Decision Date:	10/09/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/31/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 35 year old female, who sustained an industrial injury on 12-2-05. The injured worker was diagnosed as having traumatic right fourth-fifth toe fracture; Lisfranc fracture status post open reduction internal fixation (ORIF) crush injury to both feet; right leg complex regional pain syndrome (CRPS-1); chronic back pain; chronic pain syndrome with neuropathic pain component; left upper back myofascial type syndrome. Treatment to date has included physical therapy; psychological evaluation and treatment; medications. Currently, the PR-2 notes dated 7-29-15 indicated the injured worker was seen as a follow-up evaluation for her chronic pain. He notes, "She is doing better with methadone 10mg po three times a day. However, she complains of constipation. She has been doing home exercise program and has lost weight over the last four weeks. However, she attributes this to a decreased appetite and constipation." She reports she still has subjective complaints of poor sleep and has been taking trazodone at bedtime, which has been helpful. She also reports she was unable to get melatonin, which was prescribed. She was diagnosed per her industrial injury, with a right foot Lisfranc fracture status post open reduction internal fixation (ORIF) on 12-4-05 due to a crush injury to both feet and then diagnosed with a right leg complex regional pain syndrome (CRPS-1). Her functional status is documented as independent with her self-care activities and ambulating without an assisted device. She has a follow-up appointment for psychological counseling. On physical examination, her pain is rated at 1-2 out of 10. The cervical, thoracic and lumbar spine reveal diffuse tenderness to palpation over the bilateral periscapular muscles left upper trapezius and lower lumbar paraspinals. There was no evidence of underlying spasm. Straight leg raise in

the sitting position is 90 degrees bilaterally. She has normal tone in both upper and lower extremities with muscle strength in the bilateral upper and lower extremities of the hip, knee and ankles at 5 out 5. Her sensory examination does reveal hyleralgesia to pressure and touch over the right forefoot over the dorsum as well as plantar aspect. The provider documents she has complaints of poor sleep and was given a prescription for melatonin but it was not authorized. She was unable to pay for this and now recommends it now be authorized. He notes she has used Restoril and Ambien in the past but feels melatonin is the better treatment. A Request for Authorization is dated 8-28-15. A Utilization Review letter is dated 8-19-15 and non- certification was for Melatonin Cap 5mg 2-3 tabs every night at bedtime, #60. The Utilization Review letter stated, "The medical records did not provide evidence of delayed sleep phase syndrome or rapid eye movement sleep behaviors-disorders and not provide evidence of the clinical effectiveness of the prior trial of Melatonin." The provider is requesting authorization of Melatonin Cap 5mg 2-3 tabs every night at bedtime, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Melatonin Cap 5mg 2-3 tabs every night at bedtime, #60: 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), 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) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient has documented insomnia and the request is recommended by the ODG, therefore it is medically necessary.