MAXIMUS Federal Services

Case Number:	CM15-0171984		
Date Assigned:	09/14/2015	Date of Injury:	06/20/2009
Decision Date:	10/19/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/01/2015

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: Texas, California
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:

This is a 41 year old male patient, who sustained an industrial injury on 6-20-09. He sustained the injury due to rear ended at 65 miles per hour while parked. The diagnoses include closed head injury, post-traumatic headaches, cervical strain, let shoulder strain, lumbar strain, possible upper back, neck, thoracic outlet whiplash injury and secondary postural derangements, intermittent blurred vision, progressing neuro-musculoskeletal injury and impaired mentation status post high speed motor vehicle accident. Per the doctor's note dated 6-18-15, he had complaints of lower extremity neuropathy followed by pain in back and upper back and neck rated 6 out of 10. The physical examination revealed tenderness of low back, both buttocks, left popliteal fossa and upper and lower back with increased pain on neck rotation. Per the doctor's note dated 7-30-15, he has been using Metanx which has helped him sleep. He had complains of ongoing upper back and neck pain and headaches, thoracic and lumbar pain an aching down the arms with tingling including numbness in feet and notes pain range is 5 out of 10. The physical examination revealed tenderness over cervical paravertebral muscles and cervical, occipital, mid back and low back especially lumbosacral region; tightness and discomfort with shoulder raises. Per the doctor's note dated 9/10/15, he had complaints of low back pain with numbness and weakness in both upper extremities and ringing in the ears. The medications list includes Metanx, Norco 10-325mg and Vicodin. He has had cervical, thoracic and lumbar MRI and brain MRI with normal findings. Treatment to date has included physical therapy, home exercise program, oral medications, acupuncture, massage and injections. On 7-20-15 a request for authorization was submitted for brand name Melatonin 8mg #30 with 2 refills. On 8-12-15,

utilization review non-certified a request for brand name Melatonin 8mg #90 noting there is no documentation of symptomatic or functional improvement from prior usage and no additional documentation of sleep disorder or documentation of results of sleep behavior modification attempts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Melatonin (Brand name) 8mg at bedtime, QTY: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, and Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/09/15) Melatonin.

Decision rationale: Per the cited guidelines melatonin is "Recommended for delayed sleep phase syndrome and rapid eye movement sleep behavior disorders. There is also some suggestion that it can have an analgesic effect, but current research is largely in the experimental phases..... There is no evidence that melatonin is effective in treating secondary sleep disorders accompanying sleep restriction, such as jet lag and shift work disorder. The literature reporting treatment of chronic insomnia disorder with melatonin remains inconclusive. (Ferguson, 2010) (Buscemi, 2006) (Buscemi, 2005) (Ferracioli-Oda, 2013)" Evidence of delayed sleep phase syndrome and rapid eye movement sleep behavior disorders is not specified in the records provided. There is no high grade scientific evidence to support use of melatonin for this patient's diagnoses. Response to other non pharmacological measures for insomnia is not specified in the records provided. The medical necessity of Melatonin (Brand name) 8mg at bedtime, QTY: 90.00 is not fully established for this patient.