

Case Number:	CM15-0179805		
Date Assigned:	09/21/2015	Date of Injury:	05/06/2008
Decision Date:	10/26/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 37 year old female, who sustained an industrial injury on 5-6-08. The injured worker is undergoing treatment for carpal tunnel syndrome, cervical disc degeneration, arthralgia shoulder, shoulder impinging syndrome, lateral epicondylitis and ulnar nerve lesion. Medical records dated 7-23-15 indicate the injured worker complains of headaches, neck pain, shoulder pain, elbow pain and wrist pain. She reports right side "locking up" and both hands are numb constantly. The physician indicates "she does not take any pills for pain because of previous irritation in her stomach and bleeding in stool so she can't take IBU." Physical exam dated 7-23-15 notes right shoulder impingement, tenderness to palpation, of right lateral epicondylar area and "right hand positive Tinnels." Qualified medical exam (QME) dated 4-30-15 indicates the injured worker "goes to bed at 11PM and wakes anywhere between 3:00-3:45AM. She states she usually stays awake although tries to lay down and stay in bed and arises anywhere between 5:30AM to as late as 7:00AM." Treatment to date has included Excedrin migraine, ibuprofen, magnetic resonance imaging (MRI), x-rays, physical therapy and Melatonin. The original utilization review dated 8-14-15 indicates the request for Melatonin 5mg #30 is non-certified noting there is no indication of a formalized insomnia work up to support diagnosis, which would support this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Melatonin 5mg qty: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter.

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-Insomnia treatment and Pain-Melatonin.

Decision rationale: Melatonin 5mg qty: 30.00 is not medically necessary per the ODG. The MTUS Guidelines do not address this request. The ODG states that 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. The ODG supports proper sleep hygiene before attempting pharmacological treatments. The documentation is not clear what sleep hygiene attempts the patient has attempted on her own prior to Melatonin. The request for Melatonin is not medically necessary.