

Case Number:	CM15-0068305		
Date Assigned:	04/15/2015	Date of Injury:	05/09/2007
Decision Date:	05/14/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female with an industrial injury dated 05/09/2007 and 08/17/2010 - 08/17/2011. Her diagnosis/impression is anxiety, depression, sleep disturbance, cervical radicular pain and lumbar radicular pain. Prior treatments include medications and treatment with psychotherapist. She presents on 02/04/2015-with complaints of lumbar radicular pain rated as 7-8 on average. She states she has had the pain since 2007. Physical exam showed tenderness and decreased range of motion of cervical spine. There was also tenderness on palpation of lumbar spine. Treatment plan included intra-laminar epidural steroid injection, psychology referral and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Melatonin 2mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a history of a work injury occurring more than three years ago and continues to be treated for cervical and lumbar radicular pain. When seen, she had pain rated at 7-8/10. Physical examination findings included decreased spinal range of motion with decreased upper and lower extremity strength and positive left straight leg raising. Melatonin was refilled and was being prescribed for difficulty sleeping. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, melatonin was not medically necessary.