

Case Number:	CM15-0072612		
Date Assigned:	04/23/2015	Date of Injury:	05/28/2013
Decision Date:	06/11/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/15/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old female who sustained an industrial injury on 05/28/13. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include nerve conduction studies and a lumbar spine CT myelogram. Current complaints include lower back pain. Current diagnoses include chronic intractable lower back pain, neural foraminal stenosis, herniated disc lumbar spine, degenerative disc disease lumbar spine, radicular pain bilateral lower extremities and left knee degenerative joint disease. In a progress note dated 03/10/15 the treating provider reports the plan of care as continue medications including Diclofenac, omeprazole, cyclobenzaprine and a total knee replacement. The requested treatment is Melatonin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Melatonin 2mg #30 with 1 refill: 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), Chronic 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) Pain Chapter/Melatonin section.

Decision rationale: The MTUS Guidelines do not address the use of melatonin. The ODG recommends the use of melatonin. Per the ODG there are experimental and clinical data supporting an analgesic role of melatonin. In published studies melatonin shows potent analgesic effects in a dose-dependent manner, and melatonin has been shown to have analgesic benefits in patients with chronic pain. Also, the repeated administration of melatonin improves sleep and thereby may reduce anxiety, which leads to lower levels of pain. The medical reports reported in 9/2014 that the injured worker has sleep disturbance with two hours of sleep at a time. This sleep assessment is not complete, and does not establish a sleep disorder that may benefit from the use of melatonin. The medical reports have since not assessed sleep or the efficacy of melatonin on sleep or pain. The injured worker is being re-evaluated monthly, and this prescription is for two months of treatment. The request for melatonin 2mg #30 with 1 refill is determined to not be medically necessary.