

<b>Case Number:</b>	CM15-0075038		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: 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 36 year old female who sustained an industrial injury on 3/17/14. The injured worker reported symptoms in the neck, shoulders and bilateral upper extremities. The injured worker was diagnosed as having cervical disc protrusion, cervical radiculopathy, right carpal tunnel syndrome, and left carpal tunnel syndrome. Treatments to date have included oral pain medication, wrist braces, topical medication, and an epidural injection. Currently, the injured worker complains of pain in the neck, shoulders and bilateral upper extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restone cap 3-100mg #30 (Melatonin/L-Tryptophan): 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 chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

**Decision rationale:** Regarding the request for Restone (melatonin/L-tryptophan), California MTUS guidelines do not contain criteria for the use of tryptophan. ODG states that 5-hydroxytryptophan has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has been found to be effective for depression. In alternative medicine it has been used for depression, anxiety, insomnia, obesity, aggressive behavior, eating disorders, fibromyalgia, chronic headaches and various pain disorders. Within the documentation available for review, the patient does have diagnoses of anxiety, depression, and insomnia. However, there is no discussion regarding what first line treatment has been tried and failed, and why there is a need for medical foods such as tryptophan. Furthermore, there is no indication that the patient has had a careful evaluation of potential causes of the sleep disturbance. In the case of this request for a medication which contains 2 active ingredients, it is important for both ingredients to be medically necessary. As such, the currently requested Restone (melatonin/L-tryptophan) is not medically necessary.