

Case Number:	CM15-0079218		
Date Assigned:	04/30/2015	Date of Injury:	08/01/1997
Decision Date:	06/02/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/24/2015

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: 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:

The injured worker is a 65 year old female, who sustained an industrial injury on 8/01/1997, reporting injury to her left knee. The injured worker was diagnosed as having unspecified major depression, recurrent episode, shoulder pain, cervical disc degeneration, pain in lower leg, and neck pain. Treatment to date has included diagnostics, cognitive behavior therapy, aquatic therapy, and medications. A progress report (11/06/2014) noted that she continued to do well with Melatonin for sleep, noting that Ambien was discontinued. Her sleep pattern was not described. On 12/08/2014, the injured worker was seen for refill of medications. She reported chronic pain in her neck, bilateral upper extremities, left lower extremity, and low back. Her sleep pattern was not documented. Current medications included Phenergan, Ibuprofen, Senokot, Fioricet, Cymbalta, Norco, and Melatonin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Melatonin 3 mg #30: 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, Medical Food Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Insomnia by Michael Bonnet, MD, et al; UpToDate.com.

Decision rationale: This injured worker receives treatment for major depression, insomnia, headaches, and chronic pain involving the left knee, neck, shoulder. The patient has become opioid dependent. This review addresses a retrospective request to continue providing melatonin for insomnia. This patient receives treatment for both major depression and insomnia. Insomnia often accompanies major depression. Melatonin is produced naturally in the brain. Some people take melatonin-containing supplements in the hope of increasing the amount of restorative sleep. Recommending melatonin to treat insomnia is considered experimental and is not recommended, as the medical literature does not demonstrate effectiveness and safety in long-term clinical trials. Melatonin is not medically necessary.