

Case Number:	CM15-0096421		
Date Assigned:	05/26/2015	Date of Injury:	01/16/2006
Decision Date:	06/29/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/19/2015

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: Texas, 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:

This is a 61-year-old male patient, who sustained an industrial injury on 1/16/2006. Diagnoses include facet joint arthropathy, lumbar disc displacement without myelopathy, psycho physiological disorder, paraplegia, depressive disorder, post-laminectomy syndrome, and psychalgia. The medical records did not include the details regarding the initial injury. The medical records indicated a complicated history-involving placement of a spinal cord stimulator (SCS), emergent removal of the SCS with discovery of a hematoma, subsequent development of a wound infection requiring surgical exploration and debridement. He was left with an incomplete T10 paraplegia. Per the psychiatric progress report dated 5/12/2015, he had insomnia if he does not take Lunesta. Mental status examination revealed restricted affect. Per the doctor's note dated 4/30/15, he had complained of low back and lower extremity pain, numbness, tingling and swelling. There was increased left lower extremity pain and worsening depression symptoms. The physical examination documented no new objective findings. The records indicated that Norco was being weaned and the Gabapentin was put on hold due to lower extremity swelling. The medications list includes baclofen, hydrocodone-acetaminophen, lactulose, lyrica, melatonin, methadone, neurontin, naproxen, senna, zanaflex and voltaren gel. They were considering discontinuing Lunesta. Treatments to date include medication therapy, physical therapy, psychotherapy, home exercise, and epidural steroid injections. The plan of care included Melatonin 5mg tablets #30 with five refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Melatonin 5mg #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Melatonin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Melatonin.

Decision rationale: Request- Melatonin 5mg #30 with 5 refills Per the cited guidelines 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. There is no evidence that melatonin is effective in treating secondary sleep disorders accompanying sleep restriction, such as jet lag and shift work disorder. The literature reporting treatment of chronic insomnia disorder with melatonin remains inconclusive." (Ferguson, 2010) (Buscemi, 2006) (Buscemi, 2005) (Ferracioli-Oda, 2013) Evidence of delayed sleep phase syndrome and rapid eye movement sleep behavior disorders is not specified in the records provided. There is no high-grade scientific evidence to support use of melatonin for this diagnosis. Response to other non-pharmacological measures for insomnia is not specified in the records provided. The medical necessity of Melatonin 5mg #30 with 5 refills is not fully established for this patient.