

<b>Case Number:</b>	CM13-0027236		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

### 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 patient is a 49 year old male and has DOI of 4/5/2012. She has diagnoses of internal derangement of the right knee, right shoulder rotator cuff tear, cervical radiulitis, lumbar strain, seizures, and internal injury to her lungs. Records date back to 1/29/13 and the patient has been taking Somacin and Norco since then. There is no indication for sleep medication given in the record. There is no diagnosis or assessment of sleep issues. On report dated 9/25/13 from neurology QME, it states the patient has difficulty falling asleep and staying asleep due to his symptomatology. He gets 4 hours on a bad night and 8 hours on a good night of sleep. There are no other discussions of sleep in other records nor is there any indication of the efficacy of Somacin, how often he takes it, and any side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Somacin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8 and Glass LS, Blais BB, Genovese E. Goertz M. Harris JS, Hoffman H. et al (eds). Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd Edition.

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

and Colorado Division of Workers' Compensation. Traumatic brain injury medical treatment guidelines. Denver (CO): Colorado Division of Workers' Compensation; 2012 Nov 26. 119 p.

**Decision rationale:** Somacin is a sleep medication containing melatonin and tryptophan. There is no documentation that this patient has issues of primary sleep disorder. He has complex symptomatology related to his injury and chronic pain. There is no evidence the patient has tried non-pharmaceutical methods of sleep treatment. There is no evidence that the medication he is taking is helping his sleep or why he has "bad" nights versus "good" nights of sleep. The patient has been taking this supplement for an extended period of time and there are no reports of his sleep improving. MTUS does not directly address sleep medications or supplements. Other guides were consulted. Colorado Division of Workers' Compensation. Traumatic brain injury medical treatment guidelines. Denver (CO): Colorado Division of Workers' Compensation; 2012 Nov 26. 119 p. ODG states melatonin maybe helpful post traumatic brain injury, as with Colorado guides. There is no evidence of TBI in this case. MTUS does require treatments to show effectiveness. This has not been established here. Therefore, the supplement is not necessary