

Case Number:	CM13-0041142		
Date Assigned:	12/20/2013	Date of Injury:	10/05/2012
Decision Date:	04/10/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California and Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 22-year-old female who was injured on October 05, 2012. The patient was struck on the head with an empty box and felt it in the neck and upper back. Prior treatment history has included therapy and acupuncture with benefit. Diagnostic studies reviewed include an MRI of the cervical spine performed on July 17, 2013, which revealed a 1mm broad-based posterior disk bulge at the C6-C7 level indenting the anterior aspect of the thecal sac. An MRI of the lumbar spine performed July 17, 2013, which revealed a 2mm central posterior disc protrusion at the L4-L5 level making contact with the anterior aspect of the thecal sac. Initial Comprehensive evaluation dated May 09, 2013 indicated that the patient reported frequent pain in the neck radiating to the upper back the pain is associated with headaches and burning sensation. Her pain level was 6/10, at its best the pain level was 6/10 and the worst pain level was 6/10. The patient reported frequent pain in the low back. Her pain level at that time was 5/10, its best the pain level was 6/10 and the worst pain level was 6/10. There are no documentation complaints of sleep disorder. The patient was diagnosed with 1) Rule out brachial neuritis or radiculitis; 2) neck sprain/strain; 3) Thoracic sprain/strain; and 4) lumbar sprain/strain. The PR2 dated May 08, 2013 documented that the patient had complaints of continued mid back pain, mostly in the upper back. There is no documented complains of sleep disorder. An initial consultation dated May 06, 2013 documented the patient to have complaints of upper back pain, which is constant, 3/10 at constant, 7/10 at worse. A Pain Management Compliance Test dated August 20, 2013 indicated that a PAC pain panel tests revealed no detection for drugs listed. The primary treating physician's progress report (PR-2) dated December 02, 2013 documented that the patient had complaints of occasional neck pain, rated 4/10 and frequent mid back pain rated 7/10. The patient was diagnosed with cervical disc protrusion and thoracic sprain/strain. The PR2 dated December 02, 2013, as reported by a UR decision, the patient was provided with

Cyclobenzaprine HCL 1 7.5 mg, quantity #60; Terocin pain patch box quantity #2. The patient was given a prescription for Theramine, quantity #60; Sentra AM quantity #60; Sentra PM quantity #60; and GABAdone, quantity #60. The patient reported the pain was 7/10 without medications and 0/10 with medications. The patient denies depression, nervousness, mood swings or sleep disturbances.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMNICIN #30 CAPSULE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

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

Decision rationale: According to the ODG, melatonin (Somnicin) is recommended for insomnia treatment. 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. Somnicin is a selective melatonin agonist indicated for difficulty with sleep onset. One systematic review concluded that there is evidence to support the short-term and long-term use of melatonin to decrease sleep latency; however, total sleep time has not been improved. Throughout the medical records reviewed, there is no documentation of sleep disturbances, such as inability to fall asleep or stay asleep. Documentation presented does not establish the medical necessity for this request.

GENICIN 500MG, #90 CAPSULES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: According to California MTUS Guidelines, Genicin: Glucosamine (and Chondroitin Sulfate) is the recommended option, given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There are no indications for Glucosamine in the treatment of this patient's diagnoses of neck sprain, thoracic sprain or lumbar sprain. Based on the lack of proven efficacy for the patient's diagnoses, the request is not certified.