

Case Number:	CM13-0048210		
Date Assigned:	04/04/2014	Date of Injury:	06/03/1992
Decision Date:	04/29/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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. 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:

According to the records made available for review, this is a 69-year-old male with a 6/3/92 date of injury. At the time (8/1/13) of the request for authorization for Somnicin #30 and Genicin 500mg #90, there is documentation of subjective (moderate constant low back pain) and objective (ambulates in a slow gait with a walking cane, decreased lumbar ROM, and tender to palpation over his bilateral paraspinal with spasms and trigger points appreciated), current diagnoses (lumbar disc disease, lumbar radiculitis, and postlaminectomy syndrome), and treatment to date (medication including ongoing use of Somnicin and Genicin). Regarding Somnicin #30, there is no documentation identifying that the product is a food for oral or tube feeding; that is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and that is used under medical supervision. Regarding Genicin 500mg #90, there is no documentation of moderate arthritis pain; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Genicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMINICIN #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, MEDICAL FOOD.

Decision rationale: Somnicin is a combination of ingredients that are all naturally-occurring within the body: Melatonin, 5-hydroxytryptophan, L-tryptophan, Vitamin B6, and Magnesium. MTUS does not address the issue. ODG identifies 5-hydroxytryptophan as a medical food product, defined as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. In addition, ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medical food. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, lumbar radiculitis, and postlaminectomy syndrome. In addition, there is documentation of a recommendation for Somnicin which contains 5-hydroxytryptophan, a medical food. However, there is no documentation identifying that the product is a food for oral or tube feeding; that is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and that is used under medical supervision. Therefore, based on guidelines and a review of the evidence, the request for Somnicin #30 is not medically necessary.

GENICIN 500MG #90: 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 CLUCOSAMINE(AND CHONDROITIN SULFATE),.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain as criteria necessary to support the medical necessity of Genicin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, lumbar radiculitis, and postlaminectomy syndrome. Additionally, there is documentation of ongoing use of Genicin. However, there is no documentation of moderate arthritis pain. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Genicin. Therefore, based on guidelines and a review of the evidence, the request for Genicin 500mg #90 is not medically necessary.

