

Case Number:	CM13-0067679		
Date Assigned:	01/03/2014	Date of Injury:	10/02/2011
Decision Date:	04/07/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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. 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 claimant is a 38-year-old female presenting with low back pain following a work related injury on 10/02/2011. On 10/16/2013, the claimant complained of constant neck pain radiating to the upper extremities, constant low back pain radiating to the lower extremities, and constant bilateral knee pain. The claimant has tried medications, and acupuncture which she reported brought her pain down from a 10/10 to a 7/10 and provided benefits of increase sleep, decreased pain and sitting longer. The lumbar MRI was revealed a moderately large 4-5 mm left paracentral disc protrusion associated with disc desiccation, the traversing nerve roots as well as thecal sac are free of impingement. The physical exam was significant for reduced range of motion of the lumbar and cervical spine in all planes, positive straight leg raise and reduce range of motion of the bilateral knees. The claimant was diagnosed with neck sprain, lumbar disc protrusion, lumbar radiculopathy and bilateral knee internal rotation. The provider recommended extracorporeal shockwave therapy (ECSWT) for chronic and myofascial pain to neck, lumbar and bilateral knees, as well as compounded topical medications. The claimant was prescribed Nucynta, Genicin capsules and Somnicin caps.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Somnicin Caps #30: Melatonin 5mg/ 5HTP 50 mg/ L-tryptophan 100mg/ Pyndoxine 10/50mg, as directed for insomnia and muscle relaxation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 Pain: Medical Foods Chapter and Insomnia Treatment Chapter.

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

Decision rationale: The Official Disability Guidelines indicate that medical food is "food which is formulated 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 recognize scientific principles, are established by medical evaluation." To be considered, the product must at a minimum meet the following criteria: The product must be a food for oral or tube feeding; the product must be labeled for dietary management of a specific medical disorder, disease or condition for which there are distinctive nutritional requirements; and the product must be used under medical supervision. Additionally, the claimant reported that Acupuncture was beneficial in helping with insomnia and muscle relaxation. The requested medication does not meet ODG recommendations; therefore it is not medically necessary.