

Case Number:	CM14-0100030		
Date Assigned:	09/03/2014	Date of Injury:	04/29/2009
Decision Date:	09/30/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation, 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:

The injured worker is a 54-year-old male who reported an injury on 04/29/2009. The mechanism of injury was not provided. The injured worker's treatment history included acupuncture, chiropractic manipulation, TENS unit, and medications. An MRI of the lumbar spine was performed on 06/20/2014. The injured worker also had multiple urine drug screens consistent with the prescribed medications. The injured worker was evaluated on 07/11/2014 and it was documented the injured worker complained of increased low back pain and spasm, numbness in the left arm and hand, inflamed and bloated stomach. He rated his pain 7/10 at rest and 10/10 with activity. Physical examination revealed positive bilateral straight leg raise, decreased strength in bilateral lower extremities, and tenderness to palpation in the lumbar spine. Medications included Dexilant, Colace, probiotic, Sentra AM, Sentra PM, and compounded topical cream consisting of Flurbiprofen, tramadol, gabapentin, amitriptyline, and Dextromethorphan. Diagnosis included dynamic instability at L4-5 and spondylolisthesis with instability at L4-5. The request for authorization and rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somnicin #30: Upheld

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

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

Decision rationale: The request for Somnicin # 30 is not medically necessary. The Official Disability Guidelines (ODG) does not recommend Somnicin that is a medical food. Medical foods are recommended as indicated below. 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." To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. There was no evidence of a disease process diagnosis provided to warrant the need to have a specific nutritive requirement. The request lacked frequency and duration of medication. Given the above, the request for Somnicin is not medically necessary.