

<b>Case Number:</b>	CM14-0101032		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/18/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Nevada. 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 records presented for review indicate that this 27-year-old gentleman was reportedly injured on February 18, 2012. The mechanism of injury is noted as having his left foot caught in a skid steer. The most recent progress note, dated March 12, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. The physical examination demonstrated decreased lumbar spine range of motion and a positive bilateral straight leg raise test. Diagnostic imaging studies of the lumbar spine revealed disc bulges at L3/L4, L4/L5, and L5/S1. Previous treatment includes physical therapy, the use of a tens unit, lumbar spine epidural steroid injections, and lumbar spine facet injections. A request had been made for Somnicin, Genicin, Laxacin, and Trepadone and was not certified in the pre-authorization process on June 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Somnicin compound #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 Mental Illness and Stress, Insomnia Treatment, Updated June 12, 2014.

**Decision rationale:** Somnicin is a medication intended for the treatment of insomnia. According to the attached medical record the injured worker does not have any complaints or diagnosis of insomnia. Therefore this request for Somnicin compound is not medically necessary.

**Genicin 500mg #90:** 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 Knee and Leg, Glucosamine/chondroitin, Updated August 25, 2014.

**Decision rationale:** Genicin is a medication containing Glucosamine. According to the official disability guidelines Glucosamine is recommended as an option for individuals with moderate knee pain. Considering the injured worker's diagnosis of low back pain, this request for Genicin 500mg #90 is not medically necessary.

**Laxacin compound #100:** 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 <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601112.html>.

**Decision rationale:** Laxacin is a medication containing duck assayed sodium and sennosides. This is often used for the treatment of constipation secondary to the usage of opioid medications. However the attach medical record does not indicate the presence of constipation. Therefore, this request for Laxacin compound is not medically necessary.

**Trepadone #90:** 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 ) Pain, Medical Food, Updated July 10, 2014.

**Decision rationale:** Trepadone is a medical food containing GABA. According to the Official Disability Guidelines GABA is indicated as a supplement for epilepsy, spasticity, and tardive dyskinesia. As the injured employee does not have any of these diagnoses, this request for Trepadone #90 is not medically necessary.