

Case Number:	CM14-0108508		
Date Assigned:	08/01/2014	Date of Injury:	06/09/2011
Decision Date:	10/21/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family Medicine and is licensed to practice in Texas and 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 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 60-year-old male who reported an injury on 06/09/2011. The mechanism of injury was not provided. The injured worker's diagnoses included cervical stenosis, shoulder pain or strain, cervical sprain or strain, lateral epicondylitis, shoulder impingement, cervical pain, and carpal tunnel syndrome. The injured worker's past treatments included medication and physical therapy. The injured worker's diagnostic testing included urine toxicology screenings and a multiposition MRI of the left shoulder performed on 02/07/2014. The MRI was noted to demonstrate extensive magnetic susceptibility artifact overlying the shoulder and query history of prior rotator cuff surgery. There was acromioclavicular osteoarthritis and supraspinatus/ infraspinatus tendinitis. The injured worker's surgical history included a left shoulder arthroscopy on 08/15/2013. On 05/27/2014, the injured worker complained of a significant flare up of his left shoulder condition. He complained of constant left upper extremity pain and neck pain, with difficulty lifting his arm. He had weakness of the shoulder joint and spasm in the cervical spine. He had radiating symptoms into the upper extremities. He requested more physical therapy. Upon physical examination, he was noted with tenderness and spasm of the neck with restricted range of motion. He was noted to only abduct to 110 degrees and forward flex to 110 degrees. The injured worker's current medications were noted to include oral anti-inflammatories and analgesic medications. The request was for Somnicin 30 capsules, but the rationale for the request was not provided. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somnicin #30 Capsules: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Pain - Melatonin

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The California MTUS Guidelines may recommend antidepressants for chronic pain as a first line option for neuropathic pain, and as a possibility for nonneuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. A long term effectiveness of antidepressants has not been established. The effect of this class of medication in combination with other classes of drugs has not been well researched. The injured worker reported a significant flare up of his left shoulder condition and was noted to have tenderness and decreased range of motion. The documentation did not provide sufficient evidence of a thorough pain evaluation, and changes in use of other analgesic medication. In the absence of documentation with a quantified pain evaluation, significant objective functional deficits, and changes in use of other analgesic medication, the request is not supported at this time. Furthermore, as the request is written, the frequency was not provided. Therefore, the request for Somnicin #30 Capsules is not medically necessary.