

Case Number:	CM14-0158290		
Date Assigned:	10/01/2014	Date of Injury:	02/24/2009
Decision Date:	11/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/26/2014

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 Emergency 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:

The injured worker is a 39 year-old female, who sustained an injury on February 24, 2009. The mechanism of injury occurred when she fell on a wet floor. Diagnostics have included: 2009 cervical MRI - results not noted; EMG/NCS dated March 31, 2014, reported as showing moderate bilateral carpal tunnel syndrome. Treatments have included: medications, physical therapy, chiropractic, acupuncture. The current diagnoses are: cervical strain/sprain with radiculopathy, thoracic strain/sprain, and lumbar strain/sprain with radiculopathy. The stated purpose of the request for Somnicin #30 capsules was not noted. The request for Somnicin #30 capsules was denied on August 25, 2014, citing a lack of documentation of dietary insufficiency. Per the report dated July 30, 2014, the treating physician noted complaints of neck pain with radiation to the head, back and upper extremities; mid and low back pain with radiation to both feet. Exam findings included cervical paraspinal muscle hypertonicity, decreased cervical range of motion, decreased sensation to right C6 distribution, normal muscle strength and reflexes, lumbar paraspinal muscle hypertonicity, decreased lumbar range of motion, positive right-sided straight leg raising test, and decreased right L4 sensation.

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 ODG (Official Disability Guidelines); Pain

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) Chapter, Medical Food

Decision rationale: Neither the ACOEM Guidelines nor California MTUS addresses nutraceuticals, but per Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Medical Food, medical foods are addressed and the definition "is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of a disease or condition for a distinctive nutrition or requirement based on recognized scientific principles or established by medical evaluation. To be considered, the product must at a minimum meet the following criteria: (1) The product must be food for oral or tube feeding. (2) The product must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. (3) The product must be used under medical supervision." The injured worker has neck pain with radiation to the head, back and upper extremities; mid and low back pain with radiation to both feet. The treating physician has documented cervical paraspinal muscle hypertonicity, decreased cervical range of motion, decreased sensation to right C6 distribution, normal muscle strength and reflexes, lumbar paraspinal muscle hypertonicity, decreased lumbar range of motion, positive right-sided straight leg raising test, and decreased right L4 sensation. The treating physician has not documented any specific dietary diseases or conditions or nutritional requirements. Requiring nutritional supplements. The treating physician has not provided sufficient evidence-based, peer-reviewed and nationally-recognized medical literature in support of this supplement. The criteria noted above not having been met, Somnicin #30 capsules are not medically necessary. The treating physician has documented cervical paraspinal muscle hypertonicity, decreased cervical range of motion, decreased sensation to right C6 distribution, normal muscle strength and reflexes, lumbar paraspinal muscle hypertonicity, decreased lumbar range of motion, positive right-sided straight leg raising test, decreased right L4 sensation. The treating physician has not documented any specific dietary diseases or conditions nor nutritional requirements. requiring nutritional supplements. The treating physician has not provided sufficient evidence-based, peer-reviewed and nationally-recognized medical literature in support of this supplement. The criteria noted above not having been met, Somnicin #30 capsules is not medically necessary.