

Case Number:	CM14-0183546		
Date Assigned:	11/10/2014	Date of Injury:	06/29/2012
Decision Date:	12/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/04/2014

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 Internal Medicine and is licensed to practice in New Jersey and New York. 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 58-year-old male who reported an injury on 06/29/2012 due to an unspecified mechanism of injury. The injured worker complained of left shoulder pain which radiated to the elbow with weakness, numbness, locking, and grinding. The injured worker rated his pain a 7/10 using the VAS. The diagnoses included a left shoulder impingement syndrome and left shoulder acromioclavicular joint osteoarthritis. The objective findings of the left shoulder revealed tenderness to palpation over the acromioclavicular joint. The Neer's test was positive. Manual muscle testing revealed a 4/5 strength with flexion, extension, abduction, adduction, internal rotation, and external rotation. Range of motion restricted due to pain with a flexion of 80 degrees and an extension of 10 degrees. The medications included Gentocin, glucosamine, Somnicin, melatonin, L tryptophan, pyridoxine, and magnesium. The treatment plan included refill of the Somnicin. The Request for Authorization dated 11/10/2014 was submitted with documentation.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Foods & Compound drugs

Decision rationale: The Official Disability Guidelines do not recommend compound drugs as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. One of the components in Somnicin is 5-hydroxytryptophan: This supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, and obesity and sleep disorders. It has been found to be effective for depression. In alternative medicine it has been used for depression, anxiety, insomnia, obesity, aggressive behavior, eating disorders, fibromyalgia, chronic headaches and various pain disorders. It should be used with caution in individuals using SSRI antidepressants. This product has been linked to a contaminant that causes a condition called eosinophilia-myalgia syndrome. The guidelines do not recommend compound drugs. The documentation lacked the objective findings to support the use of this medication. Additionally, the request did not address the frequency or the dosage. As such, the request is not medically necessary.