

Case Number:	CM14-0028754		
Date Assigned:	06/16/2014	Date of Injury:	01/28/2009
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational 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 patient is a 43-year-old female who was injured on 01/28/2009 while she was trying to open a bus door. Progress report dated 12/24/2013 documented the patient with complaints of recent upper respiratory tract infection. She has severe constipation and bloating. She is still taking NSAIDs. The urine shows that she is taking very little in the way of narcotics. The patient is currently on omeprazole, tramadol and nizatadine. Diagnoses are: nonorganic sleep disorder, shoulder pain, and other specified gastritis. UR dated 02/12/2014 denied the requests for Somnicin capsules and compound medication composed of flurbiprofen powder, lidocaine powder, amitriptyline and Lipoderm. Both of these requests were recommended not certified. Somnicin is a proprietary combination that contains melatonin, 5-HTP, L-tryptophan, Vitamin B6 and magnesium with no established medical efficacy. There is no good evidence from medical literature to support the combination of these components for the treatment of insomnia. There is also no elaboration of other treatment modalities used to address the patient's sleeping difficulties. Objective evidence of the patient's functional response to previous intake of Somnicin is not discussed. The request for the compound medication, it should be noted that California MTUS recommends the use of lidocaine in neuropathic pain in dermal patch form. The guidelines indicate that no other commercially approved topical formulations of lidocaine are indicated. There is also no clear indication to use amitriptyline in topical form.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 CAPSULES OF SOMNICIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia(1) <http://sales.advancedrxmgt.com/sales-content/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf>(2) <http://www.rxwiki.com/somnicin>.

Decision rationale: This is a request for Somnicin for a 43-year-old with chronic right shoulder pain, status post subacromial decompression in 2010, and sleep disruption due to pain, attributed to a 1/28/09 injury. The patient also carries diagnoses of depression, insomnia, and post-traumatic stress disorder (PTSD). Somnicin is a proprietary product containing melatonin, 5-HTP, L-tryptophan, Vitamin B6, and Magnesium. According to ODG guidelines, melatonin agonists may improve sleep latency. However, MTUS and ODG guidelines do not specifically address use of Somnicin. The efficacy of Somnicin is not established in the medical literature. The patient's response to Somnicin is not detailed, and records do not discuss other measures to improve sleep. Medical necessity is not established.

1 COMPOUND MEDICATION (FLURBIPROFEN POWDER, LIDOCAINE POWDER HCL, AMITRIPTYLINE POWDER HCL, PCCA LIPODERM CREAM BASE) 180G:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This is a request for a topical compound containing Flurbiprofen, Lidocaine, and Amitriptyline for a 43-year-old female with chronic shoulder pain. However, MTUS guidelines do not recommend topical Lidocaine in any form other than Lidoderm. Topical Amitriptyline is not recommended by guidelines. Any compound that contains a non-recommended ingredient is not recommended. Medical necessity is not established.