MAXIMUS Federal Services

Case Number:	CM14-0055802		
Date Assigned:	07/09/2014	Date of Injury:	10/30/2000
Decision Date:	10/01/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/25/2014

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 Illinois. 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 52 year old male who reported a date of injury of 10/30/2000. The mechanism of injury was not indicated. The injured worker had diagnoses of lumbar disc disease, lumbar radiculitis, post laminectomy syndrome and cervical radiculopathy. Prior treatments included epidural injections, physical therapy and chiropractic treatments. The injured worker had a CT of the lumbar spine on 05/06/2010 with unofficial findings indicating grade 1 spondylolisthesis, a MRI of the lumbar spine on 03/22/0210, a MRI of the lumbar spine on 06/26/2009. The injured worker had an EMG on 12/19/2006, an EMG on 03/29/2010, and an X-ray of the lumbar spine. Surgeries included, removal of bone growth stimulator on 07/19/2010, laminectomy, foraminotomy and, a right ulnar nerve transposition on 07/19/2013. The injured worker had complaints of sharp low back pain that caused weakness in the lower extremity, he described sensations of feeling stuck due to the pain and indicated the pain had resolved with Ibuprofen and rest. The clinical note dated 12/05/2013 noted the injured worker had an altered gait with a limp of the left leg, tenderness to palpation over the lumbar spine, range of motion in the right elbow was intact and intact sensations of the right upper extremity with strength of 5/5. The injured worker was noted to have weakness in his left ankle consistent with foot drop and slight weakness of ankle plan flexion grade 5/5. Medications included Nucynta and Ibuprofen. The treatment plan included Ibuprofen, the recommendation for an x-ray and MRI of the lumbar spine and sacrum. The rationale and request for authorization form were not provided within the medical records received.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, INSOMNIA TREATMENT, PAIN CHAPTER

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, Vitamin B.

Decision rationale: The request for Somnicin #30 is not medically necessary. The injured worker had complaints of sharp low back pain that caused weakness in the lower extremity, he described sensations of feeling stuck due to the pain and indicated the pain had resolved with Ibuprofen and rest. Somincin is comprised of Melatonin 2 mg, 5-HTP (5-hydroxytrptopan) 50 mg, L-tryptophan 100 mg, Vitamin B6 (pyridoxine) 10 mg, Magnesium 50 mg and is noted to be used for patients with insomnia and depression. The Official Disability Guidelines note vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. The Official Disability Guidelines note Melatonin is recommended in treating sleep disorder post-TBI. 5-HTP (5-hydroxytrptopan) has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity, sleep disorders and depression. There is a lack of documentation indicating the injured worker has insomnia associated with chronic pain. There is a lack of documentation which demonstrates the injured worker has significant symptoms of insomnia. Somnicin also contains vitamin B which the guidelines do not recommend. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.