

Case Number:	CM14-0075573		
Date Assigned:	07/16/2014	Date of Injury:	06/05/2008
Decision Date:	10/20/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/23/2014

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 51 year old male who was injured on 01/24/2014. The mechanism of injury is unknown. The patient underwent right shoulder surgery in 06/2011. Prior treatment history has included CPAP/BiPAP nebulizer, metered dose inhaler, home oxygen, Prednisone, Vicodin and Naproxen. Diagnostic studies reviewed include cardio-respiratory test performed on 10/30/2013 revealed at least one of the two resting autonomic parameters is low suggesting possible advanced autonomic dysfunction. Evaluation of pulmonary respiratory disorders note dated 10/30/2013 indicated the patient presented for evaluation of daytime somnolence and leg restlessness. It is noted by his spouse that she has not observed apnea or loud snoring. He is not a smoker and he does not drink. On exam, he scored 3/24 on the Epworth sleepiness scale. He reported his night time sleeping habits include going to bed at 10 pm and falling asleep within the 30 minutes and awakens twice an evening. He reported taking 2 naps a day for 40 minutes. His turbinates appeared normal and oropharynx with an under bite. On impression, further evaluation is suggested to rule out respiratory and pulmonary disease, rule out chronic airway obstruction; rule out sleep-disordered breathing; rule out obstructive sleep apnea. He has been recommended for pulmonary function and stress testing; sleep disordered breathing respiratory study; and overnight pulse oximetry and nasal function studies. Prior utilization review dated 05/02/2014 states the request for Retrospective Review for Somnicin DOS 1/27/14 is denied as there is no indication warranting the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Review for Somnicin DOS 1/27/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical Food

Decision rationale: MTUS guidelines do not address the request. According to ODG guidelines, medical food is "not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. FDA defines a medical food as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." In this case a request is made for Somnicin, a medical food containing melatonin, 5-HTP, L-tryptophan, Vitamin B6 and magnesium, "for the treatment of insomnia, anxiety, and muscle relaxation" in a 51-year-old male with chronic neck, back and shoulder pain. However, medical foods are not indicated to treat chronic pain. Further, distinctive nutritional requirements are not clearly established for insomnia, anxiety or muscle relaxation. Finally, medical records do not discuss failure of standard, first-line treatments for insomnia or anxiety, nor is treatment response to Somnicin, which was prescribed over the course of several months, discussed. Medical necessity is not established.