

Case Number:	CM14-0170439		
Date Assigned:	10/20/2014	Date of Injury:	11/28/2000
Decision Date:	01/16/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/15/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 55-year-old woman who sustained a work-related injury on November 28, 2000. Subsequently, the patient developed neck, back, and shoulder pain. According to the progress report dated May 13, 2014, the patient complained of constant neck pain rated 5/10 that radiates to the upper extremities with numbness and tingling, constant upper and mid back pain rated 5/10, constant bilateral shoulder pain rated 5/10, and constant wrist/hand pain with numbness and tingling rated 5/10. Physical examination revealed limited range of motion in the cervical spine, bilateral shoulders, bilateral wrists, and thoracic spine. Orthopedic testing and inspection to palpation was deferred secondary to pain. A progress report dated July 1, 2014 indicated that the patient continued complaining of pain. The patient utilized home H-wave for evaluation purposes from June 3rd to June 23rd of 2014. The patient has reported a decrease in the need for oral medication due to the use of the H-wave device. The patient was diagnosed with cervical spinal stenosis, thoracic sprain/strain, right shoulder partial rotator cuff tear, left shoulder tendinitis, bilateral carpal tunnel syndrome, and adjustment disorder. The provider requested authorization for Genicin and Somnicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin #90: 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
Glucosamine Page(s): 50.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Genicin (Glucosamine) have been used to treat pain in arthritis. There is a need for more clinical information about the patient's condition and the rationale behind the request for Genicin before determining medical necessity. The guidelines indicate that Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is no documentation of arthritis. Therefore, the request for Genicin #90 is not medically necessary.

Somnicin #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Somnicin. <http://sales.advancedrxmgt.com/sales-content/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf>

Decision rationale: According to the cited evidence, Somnicin (contains Melatonin, 5-HTP, L-tryptophan, Vitamin B6, and Magnesium) is a medical food and natural sleep aid that is used to promote sleep. There are no controlled studies supporting its use of sleep problems. There is no recent documentation or characterization of the patient's sleep problems. Therefore, the request is not medically necessary.