

Case Number:	CM14-0173897		
Date Assigned:	10/27/2014	Date of Injury:	06/29/2013
Decision Date:	01/15/2015	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/22/2014

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 Family Medicine and is licensed to practice in North Carolina. 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:

This is a 36 year old male who suffered an industrial related injury on 6/30/13 after falling down a flight of stairs. A physician's report dated 8/13/13 noted the injured worker has not worked since 6/30/13. The injured worker had complaints of constant tailbone pain that radiates to bilateral lower extremities. Other complaints consist of urinary and bowel incontinence, bilateral shoulder pain that radiates to the upper back and down the arms to the wrists and hands. The injured worker also had complaints of bilateral wrist pain that radiates up the bilateral shoulders and down to the fingers with swelling, redness, and limited motion. Range of motion was decreased in the wrists and lumbar spine. A straight leg raise was positive on the right. Diagnoses included rule out lumbar radiculopathy, bilateral shoulder internal derangement, and bilateral wrist internal derangement. The injured worker reported much difficulty with getting to sleep and feeling refreshed after sleep. The injured worker was mostly unable to sleep throughout the night and have restful sleep. On 9/20/14 the utilization review (UR) physician denied the request for Somnicin capsules. The UR physician noted there is no indication that a careful evaluation for potential cause of sleep disturbance had been made. Additionally the extent of the injured workers complaints regarding sleep disturbance is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somnicin capsule: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) insomnia

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option inpatients with coexisting depression. The patient does have the diagnosis of insomnia. The requested medication does contain melatonin which is recommended as a first line treatment choice for insomnia per the ODG. However, the medication also contains other ingredients including magnesium and vitamin B6 that are not recommended. There is no indication why the patient could not take simple melatonin by itself. Therefore the request is not medically necessary.