

Case Number:	CM14-0193493		
Date Assigned:	12/01/2014	Date of Injury:	03/20/2012
Decision Date:	01/15/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/18/2014

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 New York and 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 65 year old man had a "stroke" while working on 3/20/2012, deemed to have been a TIA related to acute stress from high volume work. He had been a machinist. He had subsequent complaints related to pain in the neck, shoulders, arms, hands, fingers. He has complaints related to his nervous, cardiovascular and pulmonary systems. He is under the care of pain management for headaches, cervical disc protrusion, cervical radiculopathy, thoracic sprain/strain, lumbar radiculopathy and disc protrusion, bilateral rotator cuff syndrome, bilateral lateral epicondylitis, bilateral wrist tenosynovitis, bilateral Chondromalacia patellae, bilateral ankle sprain/strain and depression. On the Application for Independent Medical Review, it was noted that cervical strain/sprain (847.0) is the primary diagnosis associated with the request to appeal the denial of Somnicin #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somnicin: Melatonin 2mg-5HTP 50mg L-tryptophan 100mg Pyridoxine 10mg Magnesium 50mg #30 capsules: 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 Official Disability Guidelines (ODG) Pain and Mental Illness & Stress, Insomnia Treatment

Decision rationale: The CA-MTUS does not address the management of insomnia, which is what Somnicin is supposed to treat. The ODG Pain chapter describes insomnia treatment. There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & melatonin receptor agonists; & (4) Over-the-counter medications. Ramelteon (Rozerem) is a selective melatonin agonist (MT1 and MT2) indicated for difficulty with sleep onset; is nonscheduled (has been shown to have no abuse potential). One systematic review concluded that there is evidence to support the short-term and long-term use of ramelteon to decrease sleep latency; however, total sleep time has not been improved. There is no endorsement of the use of Melatonin in combination with the other agents, as in the medication Somnicin, to manage insomnia. It is not found to be medically necessary.