

Case Number:	CM14-0208599		
Date Assigned:	12/22/2014	Date of Injury:	11/07/2012
Decision Date:	02/17/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/12/2014

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 Internal Medicine, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas. 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 43 year female with a date of injury of 11/7/12. She is being treated for lumbar disc protrusion and lumbar radiculopathy. Subjective findings on 11/06/14 include intermittent right hand/middle finger pain with numbness and tingling, 4/10 constant hand pain, low back pain radiating to lower extremities with numbness and tingling 7/10. Objective findings include lumbar ROM flex 35, extension 10, right lateral flexion 15, left lateral flexion 15, + SLR bilaterally, and tenderness of lumbar spine and paraspinal muscles. Previous treatments have consisted of medications (ibuprofen, cyclobenzaprine, Norco, Genicin, Somnicin), physical therapy and activity limitations. The Utilization Review on 11/21/14 found the request for Genicin #90 non-certify due to lack of documentation of knee osteoarthritis in the medical records. The UR found the request for Somnicin #30 non-certify due to no documented deficiency and lack of safety as determined by the FDA.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Glucosamine.

Decision rationale: Genicin is a brand named version of glucosamine sulfate. The MTUS and the ODG state, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). Compelling evidence exists that GS may reduce the progression of knee osteoarthritis. Results obtained with GS may not be extrapolated to other salts (hydrochloride) or formulations (OTC or food supplements) in which no warranty exists about content, pharmacokinetics and pharmacodynamics of the tablets." Medical records do indicate the patient undergoing treatment for unspecified osteoarthritis, but does not specify the location(s) of the osteoarthritis and does not provide collaborating exam findings or other diagnostic information to support such a diagnosis. As such, the request for Genicin #90 is not medically necessary.

Somnicin #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://sales.advancedrxmgt.com/sales-content/uploads/2012/04/Somnicin-patient-info-sheet.pdf>, Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Food. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://sales.advancedrxmgt.com/sales-content/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf>.

Decision rationale: The MTUS is silent regarding Somnicin. Somnicin is classified as medical food "a food which is formulated to be consumed or administered internally 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." The package inserts indicates that Somnicin is a 'natural sleep aid' that "helps and promotes sleep" and contains Melatonin 2 mg, 5-HTP (5-hydroxytryptophan) 50 mg, L-tryptophan 100 mg, Vitamin B6 (pyridoxine) 10 mg, and Magnesium 50 mg. Medical documents do not establish deficiency in nutritional requirements and do not indicate how the requested medication would specifically address the deficiency. As such, the request for Somnicin is not medically necessary.