

Case Number:	CM15-0106998		
Date Assigned:	06/11/2015	Date of Injury:	04/16/2008
Decision Date:	07/15/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 50 year old male, who sustained an industrial injury on 4/16/08. The injured worker was diagnosed as having cervical spine sprain/strain, cervical radiculopathy, lumbar radiculopathy, and status post lumbar fusion in 2009 and 2013. Treatment to date has included topical creams, patches, and oral medications. Pain on 3/18/15 was rated as 8-9/10 without medication and 5/10 with medication. Currently, the injured worker complains of neck pain radiating to bilateral upper extremities with numbness and tingling and low back pain radiating to the lower extremities. There were objective findings of positive straight leg raising tests and decreased sensation over the L3-L4 dermatomes. The medications listed are ibuprofen, Norco, Zofran, omeprazole, Terocin patch, calypso cream and medical food products- Genicin and Somnicin. The treating physician requested authorization for Genicin #90 and Somnicin #30.

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 9792.24.2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter and Other Medical Treatment Guidelines FDA- Medical Food.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medical food or nutritional supplements can be utilized for the treatment of confirmed symptomatic deficiency disorders. The guidelines noted that Genicin, a product containing glucosamine and Chondroitin can be utilized for the treatment of diagnosed joint osteoarthritis. The records did not show that the patient was being treated for monoarthritis or osteoarthritis disorder. There is no documentation of symptoms attributed to nutritional deficiency disorders. The FDA noted that specific requirements for the safety or appropriate use of medical food had not been established. The criteria for the utilization of Genicin #90 was not met. Therefore, the request is not medically necessary.

Somnicin #30: 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 9792.24.2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Medical Food and Other Medical Treatment Guidelines FDA - Medical Food.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medical food or nutritional supplements can be utilized for the treatment of confirmed symptomatic deficiency disorders. The records did not show that the patient was being treated for nutritional deficiency disorder. Somnicin contains melatonin, 5-HTP, pyridoxine and magnesium. Somnicin had been utilized for off the label treatment of various conditions including insomnia, fibromyalgia, headache and psychiatric conditions. There are no documentation of symptoms attributed to nutritional deficiency disorders in this patient. The FDA noted that specific requirements for the safety or appropriate use of medical food have not been established. The criteria for the utilization of Somnicin #30 was not met. Therefore, the request is not medically necessary.