

Case Number:	CM15-0148578		
Date Assigned:	08/12/2015	Date of Injury:	07/16/2013
Decision Date:	09/29/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/30/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 40 year old female who sustained an industrial/work injury on 7-16-13. She reported an initial complaint of left wrist pain. The injured worker was diagnosed as having left wrist sprain-strain, status- post surgery, anxiety, and depression. Treatment to date includes medication, surgery (left wrist in 12-2010.), and diagnostics. EMG-NCV (electromyography and nerve conduction velocity test) was done on 11-6-14 and was normal. Currently, the injured worker complained of pain to the left wrist with numbness and tingling in the left hand rated 8-10. Per the primary physician's report (PR-2) on 4-13-15, exam noted flexion at 20 degrees, extension at 20 degrees, radial deviation at 10 degrees, ulnar deviation at 15 degrees, positive Phalen's testing on the left. A brace was worn on the left wrist. The requested treatments include Retrospective request for Genicin, Somnicin and Gabacyclotram 180mg, dispensed on 7/7/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Genicin #90, dispensed on 7/7/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The MTUS Guidelines suggest the option of glucosamine for moderate arthritis pain management, especially knee pain due to osteoarthritis. The literature has shown the combination with chondroitin sulfate may be effective in a subgroup of people with moderate to severe knee pain, although these studies were limited and of poor quality. The submitted and reviewed documentation indicated the worker was experiencing left hand and wrist pain that went into the shoulder and left hand stiffness with numbness and tingling. There were no documents submitted for review that corresponded with the requested date of service. In the absence of such evidence, the current request for ninety Genicin capsules (glucosamine sulfate) that were dispensed on 07/07/2015 is not medically necessary.

Retrospective request for Somnicin #30, dispensed on 7/7/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Somnicin (somnidoricin): Natural sleep aid. Advanced Rx Management. <http://sales.advancedrxmgt.com/sales-content/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf>. Accessed 09/19/2015.

Decision rationale: Somnicin is a medicinal food containing melatonin, 5-hydroxytryptophan, L-tryptophan, vitamin B6 (pyridoxine), and magnesium. The MTUS Guidelines are silent on this issue but require that the use of treatments be scientific and evidence-based. A review of the literature revealed no vigorous, peer-reviewed studies demonstrating a clear scientific benefit for using Somnicin in the treatment of the workers active issues. There was no discussion describing special circumstances that sufficiently supported this request. Further, there were no documents submitted for review that corresponded with the requested date of service. In the absence of such evidence, the current request for thirty tablets of Somnicin that were dispensed on 07/07/2015 is not medically necessary.

Retrospective request for Gabacyclotram 180mgs, dispensed on 7/7/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing a medication in the anti-seizure, muscle relaxant, and opioid classes. The MTUS Guidelines do not recommend topical Gabapentin or muscle

relaxants because the literature is not sufficient to support their use. The Guidelines are silent as to the use of topical opioids, and the literature does not support their use. There was no discussion describing special circumstances that sufficiently supported this request. Further, there were no documents submitted for review that corresponded with the requested date of service. In the absence of such evidence, the current request for 180mg of cream (gabaclotram) containing Gabapentin, Cyclobenzaprine, and Tramadol that was dispensed on 07/07/2015 is not medically necessary.