

Case Number:	CM15-0160713		
Date Assigned:	08/27/2015	Date of Injury:	12/09/1997
Decision Date:	09/30/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 47 year old female, who sustained an industrial injury, December 9, 1997. The injured worker previously received the following treatments random toxicology laboratory studies which were negative for any unexpected findings, Naproxen, Omeprazole, Somnicin and left shoulder MRI. The injured worker was diagnosed with plantar fasciitis, bilateral feet sprain and or strain, painful gait, myofascial pain, osteoarthritis, articular disc disorder reducing and non-reducing, cervical and lumbar strain and or sprains, post-traumatic arthritis of the bilateral knee with patellofemoral syndrome bilaterally, right knee and right ankle residual sprain and or strain, post-traumatic fibromyalgia, plantar fasciitis and tendinitis of the bilateral feet , myofascial pain syndrome involving all four extremities, suspected rotator cuff tear of the left shoulder and status post left knee arthroscopic surgery. According to progress note of March 10, 2015, the injured worker's chief complaint was bilateral foot pain. The physical exam noted the injured worker was ambulating in full weight bearing status. The Achilles and patellar reflexes were 2 out of 4 bilaterally and symmetrically. The injured worker's gait was normal. The treatment plan included retrospective prescription for Somnicin for plantar fasciitis for date of service of April 23, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Somnicin #30 for plantar fasciitis for date of service 4/23/2015: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Somnicin.

Decision rationale: The patient presents with pain in the right foot. The request is for Retrospective Somnicin #30 for plantar fasciitis for date of service 4/23/2015. Patient is status post right foot plantar fascia release surgery, 03/27/15. Physical examination to the right foot on 06/30/15 revealed a well healed incision; the patient had pain in the scar tissue. Patient had pain with ambulation and weight bearing. Per 06/02/15 progress report, patient's diagnosis include status post plantar fascia release of the right foot, and plantar fasciitis of the left foot. Patient is temporarily totally disabled for 6 weeks, per 04/15/15 progress report. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines, Pain Chapter under Somnicin states, "Not recommended. Somnicin, a nutritional supplement, contains melatonin, magnesium oxide, Oxitriptan (the L form of 5-hydroxytryptophan), 5-hydroxytryptophan, tryptophan and Vitamin B6 (pyridoxine). It is postulated as a treatment for insomnia, anxiety and depression. Melatonin appears to reduce sleep onset latency and is used for delayed sleep phase syndrome. This is considered a circadian abnormality. It is also used to treat rapid eye movement sleep disorders. It is not a hypnotic and treatment for chronic insomnia is inconclusive. It is available over-the-counter." The treater has not specifically addressed this request; no RFA was provided either. Review of the medical records provided do not indicate a prior use and it appears that the treater is initiating this medication. The patient suffers with pain in the right foot and is diagnosed with status post plantar fascia release of the right foot, and plantar fasciitis of the left foot. Somnicin is used for insomnia, anxiety and depression. The patient does not present with any of the indications for this medication. Furthermore, Somnicin is a supplement and it is not FDA approved to treat any medical condition and cannot be considered a medical treatment for any condition. The ODG guidelines do not support the use of this medication. Therefore, the request IS NOT medically necessary.