

Case Number:	CM15-0160717		
Date Assigned:	08/27/2015	Date of Injury:	12/09/1997
Decision Date:	09/29/2015	UR Denial Date:	07/21/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47 year old female, who sustained an industrial injury on 12-9-1997. She reported injuries to the left knee, right ankle, right knee and back after she was struck by a bulk cart. Diagnoses include cervical and lumbar sprains-strain, bilateral post-traumatic arthritis; status post left knee arthroscopy, right ankle sprain-strain, fibromyalgia, plantar fasciitis, and rotator cuff tear, left shoulder and right shoulder impingement status post arthroscopy. Treatments to date were not documented in the medical records submitted for this review. Currently, she complained of ongoing pain with ambulation and weight bearing. On 6-30-15, the physical examination documented a well healed surgical incision of the right foot with hypertrophic scar tissue present. The provider documented ongoing pain with scar tissue with medication and therapy not approved. The treating diagnoses included status post plantar fascia release of the right foot and plantar fasciitis of the left foot. The plan of care included a request to authorize topical scar care medication. The appeal requested authorization of "generic prescription drug".

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Somnicin quantity 30 for post operative plantar fasciitis for DOS 3-25-15:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical Food.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1997 and continues to be treated for right foot pain when ambulating and weight-bearing. She was seen for a preoperative evaluation on 03/24/15 and underwent a plantar fascia release on 03/27/15. Somnicin was requested for postoperative use. Somnicin is a combination of melatonin, 5-hydroxytryptophan, L-tryptophan, vitamin B6 and magnesium. It is considered a medical food and is used in the treatment of insomnia. Guidelines recommend use of a medical food 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. In this case, there is no identified disease or condition that would indicate the need for a nutritional supplement. Prescribing a post-operative medication prior to undergoing the surgical procedure is not appropriate. Somnicin is not medically necessary.