

<b>Case Number:</b>	CM15-0021306		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 23 year old female, who sustained an industrial injury on 04-01-2014. The injured worker was off work as of 01-02-2015. Medical records indicated that the injured worker is undergoing treatment for lumbar radiculopathy and adjustment disorder. Treatment and diagnostics to date has included physiotherapy, chiropractic treatment, use of interferential unit, and medications. Recent medications have included Terocin, Flurbi cream, Gabacyclotram, Genicin, and Somnicin. Subjective data (01-02-2015), included low back pain, left thigh pain, and depression. Objective findings (01-02-2015) included increased pelvic tilt, tenderness to palpation with spasm over the left paralumbar musculature, and positive straight leg raise test. The request for authorization dated 01-13-2015 requested follow up visit, oral medications, urine drug screen, and topical medications. The Utilization Review with a decision date of 01-20-2015 denied the request 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:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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/Glucosamine (and Chondroitin sulfate) Section.

**Decision rationale:** The MTUS guidelines do not address the use of Genicin. Per the ODG, Glucosamine is recommended as an option (glucosamine sulfate only) given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the injured worker is being treated for lumbar radiculopathy and there is a lack of efficacy information with the prior use of this medication. 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 Official Disability Guidelines, Pain, Melatonin and Medical Food.

**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/Medical Food Section.

**Decision rationale:** The MTUS Guidelines do not address the use of Somnicin. The ODG states that medical foods may be recommended for use. Medical foods are defined as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirement, based on recognized scientific principle are established by medical evaluation. Somnicin is a proprietary blend of medical foods including melatonin, 5-HTP, L-tryptophan, vitamin B6 and magnesium. These ingredients are used to combat anxiety and difficulty sleeping. The clinical reports do not indicate that the injured worker has a deficiency in any of these ingredients, or has a medical condition that may benefit from supplementation with these ingredients. Medical necessity is therefore not established. The request for Somnicin #30 is not medically necessary.