

Case Number:	CM15-0025517		
Date Assigned:	02/18/2015	Date of Injury:	06/09/2011
Decision Date:	04/06/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/10/2015

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 60 year old male injured worker suffered and industrial injury on 6/9/2011. The diagnoses were cervical pain, shoulder impingement, lateral epicondylitis, cervical sprain/strain, and shoulder sprain/strain. The treatments were home exercise program and medications. The treating provider reported weakness in the shoulder and improved range of motion. The cervical spine had spasms and difficulty rotating to the left. The Utilization Review Determination on 2/3/2015 non-certified: 1. Somnicin Capsules #30, citing MTUS. 2. Percocet 10/325 MG #90, citing MTUS. 3. Tramadol 50 MG #90, citing MTUS. 4. Genicin Capsules #90, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somnicin Capsules #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter: Somnicin.

Decision rationale: According to the 12/11/2014 report, this patient presents with neck and shoulder pain. The current request is for Somnicin Capsules #30. The request for authorization is not included in the file for review. The patient's work status is per PTP. Regarding Somnicin, ODG guidelines state 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 medical reports provided for review indicate the patient has constant left shoulder pain rated as being 7-8/10. This medication was first mentioned in the 10/20/2014 report; it is unknown exactly when the patient initially started taking this medication. In this case, 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.

Percocet 10/325 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: According to the 12/11/2014 report, this patient presents with neck and shoulder pain. The current request is for Percocet 10/325 MG #90. This medication was first mentioned in the 10/20/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not provided for review. The patient's work status is per PTP. For chronic opiate use, MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The medical reports provided for review indicate the patient has left shoulder pain rated as being 7-8/10. The risks, benefits and alternatives of the medications were discussed and the patient verbalizes understanding. The patient denies side effects or GI symptoms with the use of oral and topical medications. Pain level without medication is 8/10 and decrease to 4/10 with the use of medication. In this case, the treating physician has clearly documented the 4 A's as required by MTUS. Therefore, the request IS medically necessary.

Tramadol 50 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: According to the 12/11/2014 report, this patient presents with neck and shoulder pain. The current request is for Tramadol 50 MG #90. This medication was first mentioned in the 09/18/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not provided for review. The patient's work status is per PTP. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The medical reports provided for review indicate the patient has left shoulder pain rated as being 7-8/10. The risks, benefits and alternatives of the medications were discussed and the patient verbalizes understanding. The patient denies side effects or GI symptoms with the use of oral and topical medications. Pain level without medication is 8/10 and decrease to 4/10 with the use of medication. In this case, the treating physician has clearly documented the 4 A's as required by MTUS. Therefore, the request IS medically necessary.

Genicin Capsules #90: Upheld

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

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

Decision rationale: According to the 12/11/2014 report, this patient presents with neck and shoulder pain. The current request is for Genicin Capsules #90. This medication was first mentioned in the 10/20/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not provided for review. The patient's work status is per PTP. Regarding Glucosamine, MTUS guidelines state Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The medical reports provided do not meet the indication for Glucosamine, as the patient does not present with knee osteoarthritis or moderate arthritic pain. Per MTUS guidelines, the request IS NOT medically necessary.