

<b>Case Number:</b>	CM15-0033158		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	07/17/1998
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, 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 42-year-old female, who sustained an industrial injury on 07/17/1998. She has reported involvement in a motor vehicle accident that resulted in multiple injuries including her becoming paralyzed below thoracic five. Diagnoses include fractured thoracic spine, osteoporosis, paraplegia, and status post-surgical fusion. Treatment to date has included dual-energy x-ray absorptiometry (DXA) bone mineral density study, laboratory studies, medication regimen, and above listed procedure. In a progress note dated 09/10/2014 the treating provider reports complaints of upper dorsal region, lower abdominal, and leg spasms, along with tingling, numbness, and urinary retention requiring self-catheterization. The documentation provided did not contain the current requested medication of Somnicin capsule. On 01/16/2015 Utilization Review non-certified the requested treatment Somnicin capsule, noting the Official Disability Guidelines, Pain Chapter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Somnicin capsule, DOS: 11/17/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Insomnia treatment.

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

**Decision rationale:** Regarding the request for Somnicin, the California MTUS and ACOEM guidelines do not contain criteria for the use of medical foods. Somnicin is a medical food consisting of 5-Hydroxytryptophan / Magnesium Oxide / Melatonin / Tryptophan / Vitamin B6. The ODG states that medical foods are recommended for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Within the documentation available for review, the requesting physician has not indicated that this patient has any specific nutritional deficits. Additionally, there are no diagnoses, conditions, or medical disorders for which distinctive nutritional requirements are present. In the absence of such documentation, the currently requested Somnicin is not medically necessary.