

Case Number:	CM15-0054056		
Date Assigned:	03/27/2015	Date of Injury:	02/08/2006
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
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 is a 51 year old male who sustained an industrial injury February 8, 2006. He has reported low back, neck, and right shoulder pain and has been diagnosed with right shoulder internal derangement and lumbar spine degenerative disc disease. Treatment has included physical therapy, local analgesics, medications, and chiropractic treatment. Currently the injured worker had pain on palpation of the left shoulder and pain on palpation of the lumbar musculature with significantly decreased range of motion secondary to pain. The treatment request included retrospective somnicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 12/31/14) Somnicin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Medical Foods.

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

Decision rationale: The patient presents with low back, neck, and right shoulder pain. The current request is for Retrospective (DOS 12/3/14) Somnicin. The treating physician fails to state, in any of the records available for review, anything at all regarding Somnicin. However, the UR report dated 03/05/15 states, "The records of [REDACTED] dated 1/11/15 indicates a [REDACTED] charge for Somnicin capsules." (8B) The MTUS guidelines are silent regarding the use of Somnicin. The 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." In this case, the treating physician provides no rationale as to why this substance would be provided to this individual. The requested Somnicin medication is not medically necessary and the recommendation is for denial.