

<b>Case Number:</b>	CM15-0081852		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 53-year-old female injured worker suffered an industrial injury on 09/13/2011. The diagnoses included lumbar radiculopathy, insomnia, depression and lumbar facet syndrome. The injured worker had been treated with medications. On 2/13/2015, the treating provider reported low back pain rated as 6 to 7/10 radiating to the lower extremity with numbness and tingling down the left leg. The injured worker reported the pain had increased. There was associated sensation of numbness and tingling sensation. On exam, the lumbar range of motion was restricted with decreased sensation down the left leg. The straight leg-raising test was positive. The treatment plan included Somnicin and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (Chronic) - Somnicin medical foods.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines did not recommend that use of non-FDA supported nutritional supplements. The records indicate that the patient is utilizing Somnicin for the management symptoms of anxiety, insomnia and chronic pain. There is documentation of exacerbation of symptoms despite chronic treatment with Somnicin. The guidelines recommend that anticonvulsant and antidepressant medications be utilized for the treatment of psychosomatic symptoms associated with chronic pain syndrome. The criterion for the use of Somnicin was not met. Therefore, the request is not medically necessary.

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal that did not respond to standard treatment with NSAIDs and PT. The records did not show that the patient failed treatment with NSAIDs and non-opioids co-analgesic such as anti-convulsant and antidepressant medications. There is no documentation of guidelines required compliance monitoring of serial UDS, absence of aberrant behavior, CURES data reports and functional restoration. The criterion for the use of Norco was not met. Therefore, the request is not medically necessary.