

Case Number:	CM14-0163184		
Date Assigned:	10/08/2014	Date of Injury:	10/13/2010
Decision Date:	01/22/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/03/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54-year-old male with a 10/13/10 date of injury. According to a handwritten and largely illegible progress note, dated 7/30/14, the patient reported low back pain radiating to the feet, L greater than R, with numbness and tingling. Objective findings: tenderness of lumbar paraspinals, crepitus of right shoulder, right shoulder tenderness. Diagnostic impression: lumbar spine sprain/strain with left lower extremity radiculopathy, cervical spine sprain/strain. Treatment to date: medication management, activity modification, and ESI. A UR decision dated 9/12/14 denied the request for Somnicin. In this case, the medical records do not demonstrate that a prescription for Somnicin is medically indicated for this patient. The report does not reflect that the patient is clinically deficient of vitamin B6 or magnesium to substantiate the medical necessity for a compound drug with these vitamins. It should also be noted that the report does not show that the patient has insomnia.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical Foods

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 Foods and on Other Medical Treatment Guideline or Medical Evidence:
<http://www.rxwiki.com/somnicin>.

Decision rationale: CA MTUS does not address this issue. An online search identifies that Somnicin contains melatonin, 5-htp, l-tryptophan, vitamin B6, and magnesium and is used for insomnia and sleeping problems. Therefore, Somnicin would be classified as a medical food. The ODG states that medical foods may be considered if they are labeled for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. However, in the present case, in the medical records provided for review, there is no indication that the patient has any specific nutritional deficit, which would be addressed with the currently requested substance. There is no indication that the patient has any specific disease state, which has distinctive nutritional requirements, as recommended by guidelines. In addition, there is no documentation that the patient currently suffers from insomnia. There is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Somnicin Capsules #30 was not medically necessary.