

Case Number:	CM14-0178364		
Date Assigned:	11/14/2014	Date of Injury:	06/29/2013
Decision Date:	01/30/2015	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/27/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

The injured worker is a 36 year-old male with an original date of injury on June 29, 2013. The mechanism of injury was slipping and falling at work. Industrially related diagnoses included lumbar radiculopathy, bilateral shoulder internal derangement, and bilateral wrist internal derangement. The medications to date include omeprazole 20 mg, naproxen 550 mg, Tylenol #3 with codeine, and Terocin pain patch. The disputed issue is the requests for Somnicin capsule. A utilization review letter on date September 20, 2014 non-certified this request. With regard to this request, this data rationale for denial was there is no indication that a careful evaluation for potential cause of sleep disturbance has been made. In addition, the extent of the patient's complaints regarding sleep disturbance is unclear. Therefore, medical necessity has not been established for the Somnicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somnicin Capsule: 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), Pain Medication, Melatonin, Insomnia treatment.

Decision rationale: Somnicin is a combination medication including Melatonin, oxitriptan, magnesium oxide, and tryptophan. Regarding the request for melatonin, California MTUS guidelines do not contain criteria for the use of melatonin. Furthermore, the other components of this combination medication have no evidenced based guidelines including the use of oxitriptan and magnesium oxide. The ODG state that melatonin is recommended. They go on to state of the pharmacological agent should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The specific component of insomnia should be addressed: A) sleep onset; B) sleep maintenance; C) sleep quality; D) next day functioning. Within the submitted documentation, there is no evidence of diagnoses of insomnia, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Somnicin. Additionally, there is no indication that the patient has had a careful evaluation of potential causes of the sleep disturbance. The guidelines state that if one component of the medication is not indicated, then the whole medication cannot be approved. Given that the melatonin component of this medication is not indicated, the currently requested Somnicin is not medically necessary.