MAXIMUS Federal Services

Case Number:	CM14-0218237		
Date Assigned:	01/07/2015	Date of Injury:	10/30/2013
Decision Date:	03/18/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Arizona, California
Certification(s)/Specialty: Family Practice

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 27 year old male with an industrial injury dated 10/30/2013. His diagnoses include lumbar strain/sprain, lumbar disc syndrome without myelopathy, and lumbar radiculitis with radiculopathy to the left lower extremity. Diagnostic testing has included electrodiagnostic testing of the bilateral upper extremities and bilateral lower extremities (12/21/2013)which were both negative for evidence of peripheral nerve compression or radiculopathy, MRIs of the cervical and lumbar spines (12/30/2014) which showed multilevel disc bulge without evidence of canal stenosis or foraminal narrowing. He has been treated with rest, extracorporeal shockwave therapy (06/10/2014), and medications. In a progress note dated 10/24/2014, the treating physician reports continued low back pain with weakness and aching in both lower extremities despite treatment. The objective examination revealed decreased range of motion in the lumbar spine, bilateral positive straight leg raises, and normal sensation and reflexes in the lower extremities. The treating physician is requesting Somnicin cap (medical food) which was denied by the utilization review. On 12/15/2014, Utilization Review non-certified a prescription for Somnicin cap (medical food), noting the absence of documented need for the ingredients found in this supplement. The MTUS ACOEM ODG Guidelines were cited.On 12/30/2014, the injured worker submitted an application for IMR for review of Somnicin cap (medical food).

IMR ISSUES, DECISIONS AND RATIONALES

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

Somnicin Cap: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation medical foods, Melatonin, insomnia medications in the Pain guidelines

Decision rationale: Somnicin contains Melatonin, l tryptopan, Hydroxytryptophan VitaminB6 and Magnesium, It is used to promote sleep. The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measuresMelatonin and medical foods such as Hydroxytryptophan are recommended for sleep diosorders in the ODG guidelines. However in this case, the sleep disturbance is not described in the clinical notes. The length of use is not specified. Other interbventions such as behavioral therapy and adjustment in sleep hygeine have not been exhausted. In addition, other medications such as Lunesta or Ambien are more commonly used and better supported in the scientific literature for insomnia. The request therefore for Somnicin is not medically necessary.