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| Case Number: | CM15-0110893 | | |
| Date Assigned: | 06/17/2015 | Date of Injury: | 08/23/2014 |
| Decision Date: | 08/05/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 06/09/2015 |

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, North Carolina
 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 31 year old male, who sustained an industrial injury on 08/23/2014. He has reported subsequent abdominal pain and was diagnosed with a ventral hernia. The injured worker was also diagnosed with insomnia and anxiety. Treatment to date has included medication. In a progress note dated 03/24/2015, the injured worker complained of increased abdominal pain due to coughing. There were no objective findings documented nor was there any discussion of the status of the injured worker's anxiety and insomnia or the effectiveness of the measures used to treat these issues. A request for authorization of Somnicin was submitted for treatment of insomnia, anxiety and to promote muscle relaxation was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somnicin #30 Caps: 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), Pain chapter.

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, vitamins.

Decision rationale: Somnicin is a nutritional supplement. The ACOEM Guidelines state that Somnicin contains melatonin, 5-HTP, L-tryptophan, vitamin B6, and magnesium. The MTUS does not provide direction for the use of vitamins, minerals or hypnotics other than benzodiazepines. The ODG recommends against vitamin B6 for chronic pain. The ACOEM update cited above recommends against vitamin supplementation unless there is a documented deficiency, which there is not in this case. Therefore, the request is not medically necessary based on the guidelines and available records.