

<b>Case Number:</b>	CM15-0122894		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	02/18/2005
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (n) 50 year old female, who sustained an industrial injury on 2/18/05. She reported pain in her neck and right shoulder related to cumulative trauma. The injured worker was diagnosed as having status post cervical discectomy and fusion, thoracic outlet syndrome and multilevel foraminal stenosis at C3-T1. Treatment to date has included Gabapentin, Cyclobenzaprine, Flurbiprofen, cervical MRIs and physical therapy. On 4/14/15, the treating physician noted decreased cervical range of motion and paraspinal tenderness at C3 through C7 bilaterally. There is no documentation of the injured worker's sleep quality. As of the PR2 dated 5/13/15, the injured worker reports severe pain in her neck and shoulders. The treating physician noted that a recent cervical CT indicated a need for more surgery. Objective findings included normal vital signs, regular heart rate and lungs sounds clear. The treating physician requested Somnicin #30.

### 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 Chapter, Somnicin, Medical food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Medical foods.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Somnicin #30 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker's working diagnoses are hypertension constipation and acute gastritis. The date of injury is February 18, 2005. The request for authorization is May 20, 2015. According to a progress note dated May 13, 2015, the injured worker has ongoing neck and shoulder pain. The injured worker is status post surgery (type not documented in record). Current medications include Hyzar, generic Zofran, Theramine and Apptrim. The treatment plan indicates the injured worker needs other pain medications. The treating provider is requesting Somnicin. Somnicin is a medical food. Medical foods are not recommended for chronic pain. Consequently, absent guideline recommendations, Somnicin #30 is not medically necessary.