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| Case Number: | CM15-0042980 | | |
| Date Assigned: | 03/13/2015 | Date of Injury: | 08/07/2012 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 03/06/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 32 year old female, who sustained an industrial injury on 8/7/2012. She reported right shoulder and bilateral knee pain. The injured worker was diagnosed as having cervical disc protrusion, right shoulder bicipital tenosynovitis, right carpal syndrome, right wrist internal derangement, bilateral knee internal derangement, bilateral knee sprain/strain, insomnia, and depression. Treatment to date has included medications, and sleep study. The request is for Somnicin. On 12/16/2014, she had continued neck pain with radiation into the upper extremities, right shoulder pain, and right wrist pain. She reported her pain to be 3/10 with medications, and 7/10 without medications. She indicates medications help her to sleep longer and do more activities. The treatment plan included: Somnicin, creams, and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somnicin cap #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Page 7 of the OMFS under heading "Dietary Supplement" and the 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 Somnicin. <http://sales.advancedrxmgt.com/sales-content/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf>.

Decision rationale: Somnicin is a medical food and natural sleep aid that is used to promote sleep. There are no controlled studies supporting its use of sleep problems. There is no recent documentation or characterization of the patient sleep problems. Therefore, the request is not medically necessary.