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| <b>Case Number:</b>   | CM15-0061461 |                              |            |
| <b>Date Assigned:</b> | 04/07/2015   | <b>Date of Injury:</b>       | 07/14/1992 |
| <b>Decision Date:</b> | 05/06/2015   | <b>UR Denial Date:</b>       | 03/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/01/2015 |

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 47-year-old male, who sustained an industrial injury on 7/14/1992. Diagnoses include post laminectomy syndrome, lumbar disc disease, lumbar radiculitis, and sacroiliitis. Treatment to date has included multiple surgical interventions including arthroscopic discectomies dated 1992 and 2001, bilateral L&D, L3-4, L4-5 and L5-S1 with PLIF and fusion cages, segmental pedicle screw instrumentation and implantation of BGS (12/04/2006), exploration of BGS (2/13/2008), exploration of instrumentation, repeat laminectomy and foraminotomy on 10/15/2008, and laminectomy and discectomy on 5/25/2011. He has also undergone a spinal cord stimulator (SCS) trial and declines a permanent implant. Diagnostics have included computed tomography (CT) scans. Per the Primary Treating Physician's Progress Report dated 1/21/2015, the injured worker reported increasing pain with tenderness over the sacroiliac joints. Physical examination revealed a slow altered gait with flexed spine. He walks with a cane and has difficulty with heel toe walk and walking on toes. There was tenderness over the bilateral paraspinals with spasms appreciated and tenderness to palpation over the thoracic spine from T7-12. Lumbar range of motion was reduced. The plan of care included medications and authorization was requested for 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 (ODG), Pain (Chronic), Somnicin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Vitamin B12 and Other Medical Treatment Guidelines Physician Desk Reference.

**Decision rationale:** Somnicin is a multivitamin and mineral often used to treat depression and insomnia. The official disability guidelines do not make reference to Somnicin. The only vitamin referenced by the official disability guidelines is Vitamin B12 stating that it is not recommended for the treatment of chronic pain. Vitamin B frequently used for treating peripheral neuropathy but efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trial testing the efficacy of vitamin B for treating critical neuropathy and evidence is insufficient to determine whether vitamin B is beneficial or harmful. In the comparison of vitamin B with placebo, there is no significant short-term benefit in pain intensity while there is small significant benefit in vibration protection from oral benfotiamine, under the upper thigh. In the comparison of different dose of vitamin B complex, there was some evidence that higher doses resulted in the short-term reduction in pain and improvement in paresthesia, composite outcome combining pain, temperature and vibration and in a composite outcome combining pain, numbness in paresthesia. There was some evidence that vitamin B is less efficacious than alpha lipoic acid, cilostazol or cytidine triphosphate in the short term improvement of clinical and nerve conduction study outcome." There is a lack of documentation of a peripheral neuropathy either through physical exam or electrodiagnostic studies. Additionally, the ODG does not promote treatment of depression and insomnia with vitamins; therefore, the requested medication is not medically necessary.