

Case Number:	CM15-0065172		
Date Assigned:	04/13/2015	Date of Injury:	04/30/2001
Decision Date:	05/12/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 72-year-old who has filed a claim for chronic elbow, shoulder, wrist, and low back pain reportedly associated with an industrial injury of April 30, 2001. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve requests for Somnicin and Genicin (glucosamine). A February 12, 2015 progress note and an RFA form of March 2, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated November 17, 2014, the applicant reported ongoing complaints of elbow and shoulder pain, highly variable, 7-9/10. Motrin, Neurontin, and Prilosec were endorsed, along with various unspecified topical compounded medications and dietary supplements.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of Somnicin: 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, Somnicin, Medical Food, Melatonin, B vitamins & vitamin B complex.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Chronic Pain; General Principles of Treatment; Medications; Alternative Treatments. Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for Somnicin, a dietary supplement, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Somnicin are "not recommended" in the chronic pain context present here as they have not been shown to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. Here, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

90 capsules of Genicin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: Similarly, the request for Genicin (glucosamine) was likewise not medically necessary, medically appropriate, or indicated here. While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine is recommended in applicants with moderate arthritis pain, especially that associated with knee arthritis, in this case, however, there was no mention of the applicant's having issues with arthritis and/or knee arthritis for which introduction, selection, and/or ongoing usage of Genicin (glucosamine) would have been indicated. Therefore, the request was not medically necessary.