

Case Number:	CM15-0069931		
Date Assigned:	04/17/2015	Date of Injury:	12/09/1997
Decision Date:	05/19/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	04/13/2015

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 46-year-old who has filed a claim for chronic shoulder pain, neck pain, and myofascial pain syndrome reportedly associated with an industrial injury of December 9, 1997. In a Utilization Review report dated March 21, 2015, the claims administrator failed to approve a request for Somnicin, dietary supplement. The claims administrator referenced a RFA form dated February 19, 2015 in its determination. The applicant's attorney subsequently appealed. On December 16, 2014, the applicant reported ongoing complaints of foot and ankle pain reportedly attributed to plantar fasciitis. Topical compounded medications, orthotics, and night splints were endorsed. Medication selection and medication efficacy were not, however, detailed. On February 10, 2015, the applicant was again asked to continue orthotics, night splint, and topical medications. Plantar fasciitis was the primary operating diagnosis. It was stated that the applicant was considering surgery for the same. Naproxen, Zofran, and postoperative antibiotics were also endorsed. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 2/11/2015) for Somnicin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 treatment of chronic pain as they have not been demonstrated to produce any meaningful benefits or favorable outcomes in the treatment of the same. Here, the attending provider failed to furnish a 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.