

<b>Case Number:</b>	CM15-0094361		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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  
 Certification(s)/Specialty: Emergency 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:

This 36 year old female sustained an industrial injury to the back on 6/18/14. Previous treatment included magnetic resonance imaging, acupuncture, chiropractic therapy and medications. In an initial comprehensive evaluation dated 3/12/15, the injured worker complained of low back pain with radiation to bilateral legs rated 7/10 on the visual analog scale. The injured worker also complained of difficulty sleeping and waking due to pain and discomfort. The injured worker was working regular duty without restrictions. Current diagnoses included lumbar spine radiculopathy. The treatment plan included a course of aquatic therapy to the lumbar spine and medications (Tylenol #3, Somnicin, Laxacin and topical compound cream).

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Somnicin.

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

**Decision rationale:** The requested 30 Capsules of Somnicin, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines (ODG) - Pain (chronic), Medications - compounded, do not recommend compounded medications as there is no clear evidence "about whether compounding medications are more efficacious than the single medication." The injured worker has low back pain with radiation to bilateral legs rated 7/10 on the visual analog scale. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. The criteria noted above not having been met, 30 Capsules of Somnicin is not medically necessary.

**90 capsules of Genicin 500mg: 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), Knee, Glucosamine/Chondroitin (for knee arthritis).

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

**Decision rationale:** The requested 90 capsules of Genicin 500mg, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines (ODG) - Pain (chronic), Medications - compounded, do not recommend compounded medications as there is no clear evidence "about whether compounding medications are more efficacious than the single medication." The injured worker has low back pain with radiation to bilateral legs rated 7/10 on the visual analog scale. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. The criteria noted above not having been met, 90 capsules of Genicin 500mg is not medically necessary.