

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

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[Redacted]

Dated: 12/24/2013

IMR Case Number:	CM13-0018109	Date of Injury:	08/05/2012
Claims Number:	[Redacted]	UR Denial Date:	08/15/2013
Priority:	STANDARD	Application Received:	08/29/2013
Employee Name:	[Redacted]		
Provider Name:	[Redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
SOMNICIN CAP 30 DAYS SUPPLY QTY 30: START DATE 7-9-13			

DEAR [Redacted],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [Redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of August 5, 2012. A utilization review determination dated August 15, 2013 recommends non-certification of Somnicin for a 30 day supply. The non-certification recommendation is due to lack of documentation identifying a deficiency in vitamin B6 or magnesium to support the need for this medical food. A progress report dated August 22, 2013 identifies, "patient complains of constant neck pain, 7/10; constant right shoulder pain, 5/10; occasional right wrist/hand pain, 3/10; constant bilateral knee pain, 7/10." objective findings identify, "right shoulder range of motion: forward flexion 170; extension 40; abduction 170; adduction 45; internal rotation 70; external rotation 80. mild tenderness to palpation over the right shoulder. right wrist range of motion: flexion 60; extension 50; radial deviation 20; Ulnar 20. Mild tenderness to palpation over the right wrist. Bilateral knee range of motion: 130, extension zero. Mild tenderness to palpation over the bilateral knees." Diagnoses include, "cervical disc protrusion, right shoulder internal derangement, right wrist internal derangement, bilateral knee internal derangement." Treatment plan recommends ibuprofen, orthopedic evaluation, multiple compound topical medications, Genicin and Somnicin.

IMR DECISION(S) AND RATIONALE(S)

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

1. Somnicin capsules 30 day supply, Qty: 30 is not medically necessary and appropriate.

The Claims Administrator based its decision on drug manufacturer information for Somnicin and the Official Disability Guidelines (ODG), Medical foods, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of

Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food

The Physician Reviewer's decision rationale:

Regarding the request for Somnicin, California MTUS, and ODG are silent regarding this substance. A thorough search of the National Library of Medicine reveals no peer-reviewed scientific literature establishing that Somnicin is effective in the treatment of any disease or disorder. The Somnicin website identifies that this substance contains melatonin, 5-htp, l-tryptophan, vitamin B6, and magnesium. Therefore, Somnicin would be classified as a medical food. The California MTUS guidelines do not contain criteria for the use of medical foods. The ODG states that medical foods may be considered if they are labeled for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Within the documentation available for review, there is no indication that the patient has any specific nutritional deficit which would be addressed with the currently requested substance. There is no indication that the patient has any specific disease state which has distinctive nutritional requirements, as recommended by guidelines. In the lack of such documentation, the currently requested Somnicin is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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[REDACTED]
[REDACTED]
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CM13-0018109